

MICHAEL LUCKERT

VS.

DEPUTY EDWARD
GUTIERREZ

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Case no. 19-CV-08204-PJH

EXHIBITS

EXHIBIT-1

THE DISPOSITION SHEET OF
ALL CHARGES DROPPED
ON 02-26-2019

REPORT 6789

Q C X

RUN 06/18/20 @ 10-26 PAGE 1

CHWERT/12/11/11

DEFNO 12003201 SON
) SFNO 5473075 INCN 191437788
) JAIL#19662795 W/M DOB 071269

DEFSTATUS COJ1) MCN STRKS CELL

JAIL# 022719/1649) OPLIC

BAROT DATE

KEY DATES

REP 022619

REPOOK

) BRCN
) BW / PSR
) INTR PCD

PROBSTAT

SETRAIL \$

SCHEDULED ON CALENDAR

022719/0900 M97 AN

KR006845 BKD 148(A)1PC /M NOW 148(A)1PC /M RESIST/OBST/OLY PEACE OFCR/EMT

COUNT PLEA / DISM 29

KR006846 BKD 602,1(B)PC/M NOW 602,1(B)PC/M INTERFERE PUBLIC AGENCY

COUNT PLEA / DISM 29

KR006847 BKD 415PC /M NOW 415PC /M DISTURBING PEACE

COUNT PLEA / DISM 29

KR006848 BKD 171B(A)PC /M NOW 171B(A)PC /M POSS WEAPN COURTHOUSE/PUB BLDG

COUNT PLEA / DISM 29

MSG WAITING

EXHIBIT.1

EXHIBIT-1.A
SAN FRANCISCO
MEDICAL REPORT
PAGE 32

JHS Live03/24/21 13:01

Encounter Report

ID: 19641 (2265974) Date: 02/26/19 17:37

Patient: Luckert, Michael L Provider: Chan, Edmund

BirthDate: 07/12/69 Type: Triage

Location: Site: County Jail 1

Triage Screening

Refused Triage Screening: No

Patient has Critical Charges: None

HigherLevel of Care Prior to Triage: No

General Appearance: Other Pt handcuffed to back, resistive with custody and escorted in by three deputies. Pt got agitated after triage and placed into SC by custody due to DTO.

Patient Denies Urgent or Chronic Medical Condition

No Primary Care Provider

No Prescription Medication with Patient

No Medication Requiring Verification

Patient Denies Substances Used

Patient Denies Methadone Maintenance

No Hx of Positive PPD

Patient Denies Active TB Symptoms

Patient Denies Recent Injury

Current Abscesses or Infestations: Patient Denies

Patient Suicidal: No

Disposition: RTC PRN Intake Screening Safety Cell Denies chronic medical conditions, psych referral

Blood Pressure Right Arm Sitting 143/93 [Abnormal]

Pulse: Monitor 121 [Abnormal]

Temperature Oral 98.0

Additional

Have you had a HepA Vaccine: Unknown

Would you like a HepA Vaccine: No

Refused Vital Signs: No

BMI 23.9

BHS Referral Pt resistive, and combative with custody. Talking to self during triage. Denied si/hi.

Placed into SC due to DTO

End-of-Report

(1.A)

EXHIBIT (A), SAN FRANCISCO Medical
REPORT Triage Screening

EXHIBIT-1.B

SAN FRANCISCO-MEDICAL
REPORT

PAGE 34 AND 35

Suicidal Behavior Question: No Reported he has been hospitalized before for "meth caused head banging on the wall" 20 years ago.

Suicide Risk Factors: Age 35 or Above Caucasian History of Substance Use Male

No Qualifying Charges

Summary of Suicide Risk Per CSSR, client is at low risk of suicide. Did not endorse SI.

No Risk to Harm Others

Plan

Current Clinical Presentation: Yes Client was observed pacing in the s/c, naked even though a blanket is available. Client had tattoos all over body, including face. Skinhead dropout per housing card. Met with writer at the s/c door and client was cooperative. Client presented with disorganized thought content, tangential speech, Poor orientation, says he has been in jail for a long time (came into custody today). But was able to report the date within a couple of days. Labile mood, smiled at times inappropriately when talking about past hospitalizations. Combative with deputies during intake. Now seems calm in s/c, and is cooperative with clinician. Appeared sad and teary, was reflective of his life and said he wanted to have a relationship. Does not know reason he is in jail, said he is arrested "for them to test my faith." Reported AH, denied cAH. Appeared to respond to internal stimuli, looking at his hands and talking to them after interview. Reported voices tell him he "needs to communicate with" writer and that "all people need to communicate." Denied VH, Denied thoughts of hurting himself or others. Mood is unstable and labile. Impulses not contained and was placed in s/c for DTO. Client is placed on 5150.

Housing Recommendations: Other

Treatment Recommendations: PES Transport Required Client is placed on 5150 for GD and DTO.

Rationale for Recommendations Client is not well-known to BHS. 5150'ed for DTO and GD. Watch commander and JMS was informed.

BHS Standing Orders Correct: NoNo BHS Standing Orders

Additional

BHS Referral Pt resistive, and combative with custody. Talking to self during triage. Denied si/hi.

Placed into SC due to DTO

Seen: Tue 02/26/19.

Active JBHS Repeat: Tue 02/26/19 NA

Arrest Date 02/26/2019

End-of-Report

cops trying to smother me up and get me killed because of this excessive force

(1.B)
EXHIBIT (B) San Francisco
MEDICAL REPORT

Page 1

JHS Live03/24/21 13:01

Encounter Report

ID: 19641 (2266032) Date: 02/26/19 19:20
 Patient: Luckert, Michael L Provider: Yu, Laura
 BirthDate: 07/12/69 Type: BHS ZSFG Transfer
 Location: Site: County Jail 1
 Arrest Date 02/26/2019
 Booking Number 2019-00662217
 Charges at Arrest 148(a)(1): RESISTING, OBSTRUCTING, DELAYING OF A PEACE OFFICER OR EMT
 602.1(b): INTERFERING WITH A PUBLIC AGENCY
 415: DISTURBING THE PEACE
 171(b): POSSESSION OF WEAPON IN COURTHOUSE OR PUBLIC BUILDING
 Legal Status: Misdemeanor
 Safety Cell
 Safety Cell Date: 02/26/2019
 Safety Cell Time: 17:50
 Safety Cell Placement Reason: Danger to Self, Danger to Others Per S/C sheet: Client was "combative with arresting officers. Resistive with triage process. Did not answer if he was suicidal."
 Fifty One Fifty Date: 02/26/2019
 Fifty One Fifty Time: 18:30
 Diagnosis Psychotic disorder (provisional)
 Pre-5150 Housing
 Roommate Prior to Safety Cell: No
 Reason for 5150
 Fifty One Fifty Reason: DTO, GD
 Justification for 5150 Resistive of arresting officer and with jail deputies. Came in with feces on clothing. Disorganized thought content, tangential. Confused, "don't know" if he is on substances. Thinks he has been in jail for days (came in today). Intermittently answers questions appropriately. Reported AH, appeared to talk to self and his hand. Pacing naked in the safety cell. Labile mood, laughing inappropriately. Then appears teary and sad, and seems reflective.
 Hx of Suicide Attempts: Yes Reported head banging in the past
 Hx of Dangerous Behavior
 In the Community: true
 Toward Staff: true
 Gang Affiliation: true
 - Reported head banging when on meth that led to previous hospitalizations.
 - resistive with deputies and police today
 - Skinhead dropout
 Eating or Hydration Issues Unknown
 Sleep Issues Unknown
 Hygiene Issues Feces on clothes at intake
 Medications Ordered and Compliance No known psych meds
 Behavior Qualifiers Before Jail Return Improve in orientation to reality.
 BHS Standing Orders Correct: Yes Active JBHS
 Notifications Notified watch commander Lt. Martindale and JMS nurse.
 End-of-Report

EXHIBIT (1.3) San Francisco Medical Report

Page 2

000035

EXHIBIT-1.C

SAN FRANCISCO MEDICAL
REPORT PAGE 39

JHS Live03/24/21 13:01

Encounter Report

ID: 19641 (2266607) Date: 02/27/19 09:33
Patient: Luckert, Michael L Provider: Lundbohm, Adrian
BirthDate: 07/12/69 Type: BHS Progress Note
Location: Site: County Jail 1

Subjective

Subjective IT "I don't even know why I'm in here. (It says you were combative with arresting officers) That's untrue, they beat me up and were fucking with me. (Where are you from?) East Bay originally. (Where do you live now?) San Francisco, I'm homeless now. (How long have you been homeless?) About 4 weeks, maybe longer. I was living at 1010 Bush Street, it's a Residence Inn but I was paying monthly. (Have you ever taken psych meds?) No. But I need to get out of here and go to an appointment (What's the appointment?) I was supposed to go to a treatment center not to like go there just for an appointment at 11 o'clock. (What's it for?) I'm in drug court and I was mandated to it. I don't want to miss it. (What is your drug of choice?) I don't use drugs. (How would a person make it into drug court without using drugs?) It's not only for drug users. (Have you ever used?) Yeah, awhile ago I used to use meth. (Any history of suicide attempts?) No. (\$150?) Once like 25 years ago but it was in the East Bay. (Suicidal now?) No. (Are you going to cooperate with SFSD?) Yes sir no problem."

Objective

Reason for Visit: Safety Cell
Safety Cell Date: 02/26/2019
Safety Cell Time: 17:50

Safety Cell Placement Reason: Danger to Self, Danger to Others

"combative with arresting officers. Resistive with triage process. Did not answer if he was suicidal." Objective IT Client was seen at the door of CJ1 safety cell. Client's mood was neutral, he was polite with this writer and willing to answer questions. Client did not seem to be fully honest throughout interview, but when reminded that collateral information is available to this writer he was able to give more accurate answers. He does not present as confused, he presents as intentionally misleading. Client's thoughts were linear and organized, no paranoid or delusional content noted. Client denied auditory or visual hallucinations and did not present as internally preoccupied. Was observed yelling out of the cell earlier this morning, client presents as impulsive and likely coming off substances. He denied being combative with arresting officers although reported by at least 6 Deputies working yesterday. He did admit to defecating in his pants and he said it was due to struggling with officers. Client denied life threatening ideation and has been calm for the past 4 hours. He appears to have regained impulse control.

Assessment

Assessment IT 5150 canceled. Notified I. Albert who is coordinating with 7L, Lt. Daggs and JMS. Per Lt. Daggs client's charges are dropped, he will remain in custody to fingerprint but should be out shortly. He does not require a PES drop off and is appropriate to re-enter the community. Client is signed out of the safety cell. In the event that he stays in custody, he does not present with symptoms that would warrant ongoing JBHS care. His combativeness appears due to Axis II traits and substance abuse, rather than a mood or thought disorder.

DX: Amphetamine Abuse, r/o Personality Disorder NOS
BHS Standing Orders Correct: Yes Active JBHS
End-of-Report

(1.C)
EXHIBIT (E) San Francisco MEDICAL REPORT

EXHIBIT-1.D

SAN FRANCISCO MEDICAL
REPORT PAGE 40

JHS Live03/24/21 13:01

Encounter Report

ID: 19641 (2267285) Date: 02/27/19 19:10
Patient: Luckert, Michael L Provider: System, Administrator
BirthDate: 07/12/69 Type: Discharge
Location: Site: County Jail 1
Active JBHS02/26/19 NA
Discontinued. Patient Discharged
End-of-Report

EXHIBIT-1.D SAN FRANCISCO
JAIL MEDICAL REPORT

000040

EXHIBIT-1.E

DECLARATION OF BRIAN
MENDOZA

[illegible]

EXHIBIT (I.E) ~~(E)~~ MY DECLARATION OF
BRIAN MENDOZA

EXHIBIT-1.F

DECLARATION OF
BRIAN MENDOZA

Case 4:19-cv-08204-PJH Document 70-11 Filed 05/11/22 Page 2 of 5

SFSPD BOOKING #		SAN FRANCISCO FIELD ARREST CARD				SFSPD Booking #	
CASE #:	190.143.7798	Booking Last Name:	Luckert	Booking First Name:	Michael	Booking Middle Name:	DOB:
Local ID # (SFND)		AKA - Last Name:		AKA - First Name:		Preferred Pronoun: He () She () They () Other () None ()	Preferred Title: Mr. () Ms. () Other ()
PID Hit () Yes () No	(X) Yes () No	Residence Address:	Transient		Date of Arrest	RACE: (Check One)	
Name:	Star: 2224	Location of Arrest:	30 Grove Street		Time of Arrest	() American Indian/Alaskan () Asian/Pacific Islander () Black (X) White () Unknown	
CDL # / State		Prior to Booking: () Combative () Use of Force () Medical Assessment	*If ANY are checked, provide explanation on the back of the card		Sex:	Ethnicity: White	
CI #		Agency: SFSPD	Reason NOT Cited:		Male (X) Female ()	Jail Health/Medical Triage	
FBI #		Unit: 19201DA			Non-Binary ()	Cleared for booking	
CWB Check: Name / Star #	19201DA #500	DV Related () Yes () No	Property Booked Into Evidence Y () N ()		Gender Identity	Refused for booking	
Global Subject File #		Consular Notification () Yes () No Penal Code 834(c) PC	Check: E	Offense	TGN	JHS: 4/21/19 Time: 144	
		Deputy: Start#	Attempted	Type	Search Pref: M F	JHS Remarks: SC	
		Print Legibly	Attempt	F / M / I	SEARCHES		
Arresting Officer AR/Star#	SMITH #2275	Charge 1	1203 PC		Counter	By: 19201DA	
Arresting Officer AR/Star#	GUTIERREZ #1928	Charge 2	148(a) PC		AN	SFSPD	
Supervisor AR/Star#	MERCADO #1982	Charge 3	602.1(b) PC		P&P Strip () Pat ()	Deputy: 19201DA	
Notifications Made		Charge 4	171b(a) PC		SEARCH COMPLETED	P&P Strip () Pat ()	
Name:					Time of Search	Deputy:	
Phone#					Star:	Star:	
Relationship (check one)							
() Officer () Parole () Probation							
Remarks:							
Last/First:		Sub Codes:				Class Level:	

Case 4:19-cv-08204-PJH Document 169-1 Filed 08/21/24 Page 13 of 95
 EXHIBIT F
 Declaration of
 Brian Mendez
 * SCS *

P-1526-2 74

EXHIBIT-1.G

VALLEY CARE MEDICAL
PLEASANTON

Official Copy


 VALLEYCARE PLEASANTON
 5555 W Las Positas Blvd
 Pleasanton CA 94588-4000

 Luckert, Michael
 MRN: 75861773, DOB: 7/12/1969, Sex: M
 Visit date: 3/1/2019

03/01/2019 - Appointment in VCP Diagnostic Radiology

Visit Information

Appointment Information

 XR5INPATIENT
 3/1/2019 12:55 PM

Completed

Time	Provider	Department	Length
12:55 PM	VCP XR 04	VCP DIAGNOSTIC RADIOLOGY	5 min

Referral Provider: TJOE, ANDREAS

Arrival Time: 12:51 PM

History

Made On:	3/1/2019 12:51 PM	By:	Gill, Italo, RT	RIS
Checked In:	3/1/2019 12:51 PM	By:	Gill, Italo, RT	ES
EOD Status:	3/5/2019 12:11 AM	By:	Eod, Processing	ES

Medication List

Medication List

Cannot display patient medications because the patient has not yet been checked in.

Imaging

Imaging

XR Hand 3 Views Left (Final result)

XR Hand 3 Views Left

Resulted: 03/01/19 1321, Result status: Final result

 Ordering provider: TJoe, Andreas, MD 03/01/19 1236
 Resulted by: Ye, Xin, MD

 Order status: Completed
 Filed by: Shc, In-Radiant Results Multiple Systems 03/01/19 1324

Performed: 03/01/19 1251 - 03/01/19 1311

Accession number: VC14336047

Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE BILATERAL HANDS; 3/1/2019 12:55

CLINICAL HISTORY: 49 years of age, Male, pain and swelling following trauma.

COMPARISON: None.

PROCEDURE COMMENTS: 3 views of the bilateral hands.

FINDINGS:

There is no visible fracture or malalignment. The joint spaces are preserved. There is regional soft tissue swelling. There is a punctate hyperdensity in the distal left thumb.

Impression:

IMPRESSION:

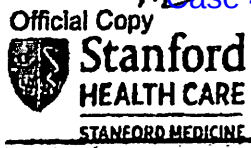
1. No fracture or malalignment.
2. Punctate hyperdensity in the distal left thumb may represent external artifact versus foreign body.

Physician to Physician Radiology Consult Line: (650) 736-1173

Printed on 3/10/21 8:39 AM

Page 8

000008



VALLEYCARE PLEASANTON Luckert, Michael
5555 W Las Positas Blvd MRN: 75861773, DOB: 7/12/1969, Sex: M
Pleasanton CA 94588-4000 Adm: 3/1/2019

03/01/2019 - ED in VCP Emergency Department

Reason for Visit

Chief Complaint

- Hand Swelling (Pt reports injury to bilateral hands by PD, both hands are swollen and pt reporting pain diffusely, a/c arm, +pulses.)

Visit Diagnoses

Name	ICD?
Contusion of hand, unspecified laterality, initial encounter (primary)	Yes
Contusion, shoulder and upper arm, multiple sites, unspecified laterality, initial encounter	Yes
Rib contusion, left, initial encounter	Yes

Visit Information

Admission Information

Arrival Date/Time:	03/01/2019 1215	Admit Date/Time:	03/01/2019 1217	IP Adm. Date/Time:	
Admission Type:	Emergency	Point of Origin:	Home	Admit Category:	
Means of Arrival:	Police-other	Primary Service:	Emergency	Secondary Service:	N/A
Transfer Source:		Service Area:	STANFORD HEALTH CARE	Unit:	VCP Emergency Department
Admit Provider:		Attending Provider:	Tjoe, Andreas, MD	Referring Provider:	

Discharge Information

Discharge Date/Time	Discharge Disposition	Discharge Destination	Discharge Provider	Unit
03/01/2019 1412	Jail Or Prison	Jail	None	VCP Emergency Department

Follow-up Information

Follow-up With	Details	Why	Contact Info.
Your doctor			

Treatment Team

Provider	Service	Role	Specialty	From	To
Tjoe, Andreas, MD	Emergency Medicine	Attending Provider	Emergency Medicine	03/01/19 1223	03/01/19 1412
Maher, Shannon, RN	—	Registered Nurse	—	03/01/19 1219	—

Events

ED Arrival at 3/1/2019 1215

Unit: VCP Emergency Department

Admission at 3/1/2019 1217

Unit: VCP Emergency Department Room: ED16 Bed: 16
Patient class: Emergency Services Service: Emergency

ED Roomed at 3/1/2019 1217

Unit: VCP Emergency Department Room: ED16 Bed: 16
Patient class: Emergency Services Service: Emergency

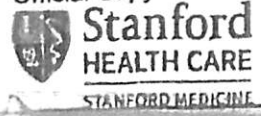
Discharge at 3/1/2019 1412

Unit: VCP Emergency Department Room: ED16 Bed: 16
Patient class: Emergency Services Service: Emergency

Discharge at 3/1/2019 1412

Unit: VCP Emergency Department Room: ED16 Bed: 16
Patient class: Emergency Services Service: Emergency

Official Copy



VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

3/10/2019 ED In VCP Emergency Department (continued)

Events (continued)

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within.
For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

None

Discharge Medication List

None

Stopped In Visit

None

ED Provider Note

ED Provider Notes by Tjoe, Andreas, MD at 3/1/2019 1:29 PM

Author: Tjoe, Andreas, MD
Filed: 3/1/2019 1:51 PM
Editor: Tjoe, Andreas, MD (Physician)

Service: —
Date of Service: 3/1/2019 1:29 PM

Author Type: Physician
Status: Signed



Stanford
HEALTH CARE
STANFORD MEDICINE

ValleyCare

Emergency Department
Provider Note

Name: Michael Luckert MRN: 75861773	ED Arrival: 3/1/2019 12:17 PM Room #: 16
--	---

History & Physical

Triage:

Chief Complaint

Patient presents with

- Hand Swelling

Pt reports injury to bilateral hands by PD, both hands are swollen and pt reporting pain diffusely, +csm, +pulses.

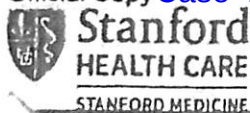
HPI

49 Y male here for medical clearance. Patient said that he was assaulted by the police officers on Tuesday. He said he was beat up. Now has swollen hands bilaterally and right shoulder pain. Denies chest pain. He does have a visible bruise to the left lower rib.

No shortness of breath.

No fevers, cough.

Printed on 3/10/21 8:39 AM



VALLEYCARE PLEASANTON Luckert, Michael
5555 W Las Positas Blvd MRN: 75861773, DOB: 7/12/1969, Sex: M
Pleasanton CA 94588-4000 Adm: 3/1/2019

03/01/2019 - ED in VCP Emergency Department (continued)

ED Provider Note (continued)

Physical Exam

VITAL SIGNS:

Visit Vitals:

03/01/19 1221
BP: 120/68
Pulse: 67
Resp: 20
Temp: 36.9 °C (98.5 °F)
TempSrc: Oral
SpO2: 98%

CONSTITUTIONAL: Well appearing male in NAD, non toxic appearing.

EYES: EOMI, normal conjunctiva, PERRLA

ENT: normal oropharynx with no exudates, moist oral mucosa, normal external ears

NECK: Supple, no vertebral tenderness

CARDIOVASCULAR: Normal S1, S2. Regular rate and rhythm, no murmurs, rubs, or gallops.

RESPIRATORY: normal respiratory effort, clear to auscultation, no wheezing, rales or rhonchi

ABDOMEN: non-distended, soft, non tender, no guarding, no rebound.

MSK: Full range of motions in all extremities, normal gait. Both hands are swollen and the dorsal aspect. Has some excoriations on the fingers

NEURO: normal sensory, motor, normal speech and follows commands appropriately

SKIN: Warm and dry. No rash, lesions.

Procedures

Expand/Collapse Notes

Labs & Imaging

ED Physician and Radiology Interpretations:

(For Limited US, complete procedure note)

XR Shoulder 2 Views Right

Final Result

IMPRESSION:

1. No acute fracture or malalignment.

Physician to Physician Radiology Consult Line: (650)
736-1173

Signed

Official Copy



VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

03/01/2019 - ED in VCP Emergency Department (continued)

ED Provider Note (continued)

XR Hand 3 Views Left

Final Result

IMPRESSION:

1. No fracture or malalignment.
2. Punctate hyperdensity in the distal left thumb may represent external artifact versus foreign body.

Physician to Physician Radiology Consult Line: (650)
736-1173

Signed

XR Hand 3 Views Right

Final Result

IMPRESSION:

1. No fracture or malalignment.
2. Punctate hyperdensity in the distal left thumb may represent external artifact versus foreign body.

Physician to Physician Radiology Consult Line: (650)
736-1173

Signed

Medical Decision Making

Initial Ddx, assessment and plan: 49-year-old male here for medical clearance status post physical artery locations with police. Hands do show some swelling however x-rays obtained and they are negative. Right shoulder Xray also negative.
Motrin for pain. Stable for discharge. Medically cleared

ED Treatment:

Labs ordered:

None

Medications

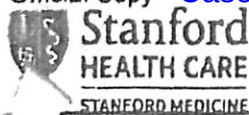
Ibuprofen (MOTRIN) tablet 600 mg (600 mg Oral Given 3/1/19
1336)

Consults ordered:

None

Clinical Decision Rules

Printed on 3/10/21 8:39 AM



VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

03/01/2019 - ED In VCP Emergency Department (continued)

ED Provider Note (continued)

ED Course, Data Review & Interpretation:

Disposition:

Diagnosis:

Contusion of hand, unspecified laterality, initial encounter

Contusion, shoulder and upper arm, multiple sites, unspecified laterality, initial encounter

Rib contusion, left, initial encounter

Disposition: Discharge

Admitting Attending: No admitting provider for patient encounter.

OR

Follow up: Your doctor

New Prescriptions

No medications on file

Expand/Collapse Notes

Critical Care

Not applicable

Electronically signed by Tjoe, Andreas, MD at 3/1/2019 1:51 PM

ED Notes

ED Notes by Montano, Briana, RN at 3/1/2019 2:07 PM

Author: Montano, Briana, RN

Service: —

Author Type: Registered Nurse-ED

Filed: 3/1/2019 2:08 PM

Date of Service: 3/1/2019 2:07 PM

Status: Signed

Editor: Montano, Briana, RN (Registered Nurse-ED)

Discussed with case management, patient cleared for discharge.

Electronically signed by Montano, Briana, RN at 3/1/2019 2:08 PM

ED Care Timeline

Patient Care Timeline (3/1/2019 12:15 to 3/1/2019 14:12)

Official Copy



VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

03/01/2019 - ED in VCB Emergency Department (continued)

ED Care Timeline (continued)

3/1/2019	Event	Details	User
12:15	Patient arrived in ED		Achaigua, Jenesis
12:15:28	Emergency encounter created		Achaigua, Jenesis
12:15:55	Arrival Complaint	medical clearance	
12:17:23	Patient roomed in ED	To room ED16	Koon, Donna, RN
12:19	Triage Start	Triage Start Triage Start: STARTING TRIAGE	Maher, Shannon
12:18:28	Assign Nurse	Maher, Shannon, RN assigned as Registered Nurse	Maher, Shannon
12:19:48	Triage Started		Maher, Shannon
12:21	Initial Questions	Treatment PTA Treatment PTA: Ice	Maher, Shannon
12:21	Vitals	Pain Assessment Pain Scale Instruction: Yes Pain Level - 1st Site: 7 Does Patient have Chronic Pain: No Pain - 1st Site Pain Level - 1st Site: 7 Pain Orientation - 1st Site: R Pain Location - 1st Site: Hand Pain Description - 1st Site: At Rest; Aching Pain Intervention - 1st Site: Ice/Cold Pack Does the patient have an additional pain location?: Yes Pain - 2nd Site Pain Orientation - 2nd Site: L Pain Location - 2nd Site: Hand Pain Description - 2nd Site: At Rest; Aching Pain Intervention - 2nd Site: Ice/Cold Pack Vitals BP: 120/68 Mean Arterial Pressure (Calculated): 85 mmHg Temp: 36.9 °C (98.5 °F) Temp Source: Oral Pulse: 67 Resp: 20 SpO2: 98 % O2 Delivery: RA	Maher, Shannon
12:21	Custom Formula Data	Relevant Labs and Vitals Temp (in Celsius): 36.9 Pain 1st Site (RN Documented) Pain Orientation: R (RN Documented) Pain Location: Hand Pain 2nd Site (RN Documented) Pain Orientation 2nd Site: L (RN Documented) Pain Location 2nd Site: Hand	Maher, Shannon
12:21:07	Chief Complaints Updated	Hand Swelling (Pt reports injury to bilateral hands by PD, both hands are swollen and pt reporting pain diffusely, +cm, +pulses.)	Maher, Shannon
12:21:28	Allergies Reviewed		Maher, Shannon

Official Copy



STANFORD MEDICINE

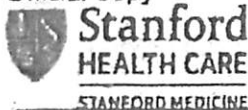
VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

03/01/2019 - ED in VCP Emergency Department (continued)

ED Care Timeline (continued)

12:52	Infection Screening	Infection Screening Have you had/ever had a previous infection?: No Tuberculosis (TB) symptom(s) present: None Current or recent tuberculosis diagnosis and/ or on TB medication : No or not applicable Active diarrhea in the previous 48 hours: No or N/A Skin problems on assessment: None Influenza like symptoms: None Within the preceeding 6 months patient traveled outside of the United States or immigrated to the United States: No	Maier, Shannon
12:52	Custom Formula Data	Pain 1st Site (RN Documented) Pain Orientation: L (RN Documented) Pain Location: Hand Pain 2nd Site (RN Documented) Pain Orientation 2nd Site : R (RN Documented) Pain Location 2nd Site : Hand	Maier, Shannon
12:52:01	Imaging Exam Started	XR Hand 3 Views Right	Gill, Italo, RT
12:52:11	Imaging Exam Started	XR Shoulder 2 Views Left	Gill, Italo, RT
12:53	Triage Plan	Room Precaution Patient Meets Criteria for Isolation: Not applicable Triage Destination Patient ESI Level: 4 Destination: Emergency Department	Maier, Shannon
12:53	Initial Questions	Treatment PTA Treatment PTA: Ice Domestic Abuse Screening Because difficult relationships can cause health problems, we are asking all of our patients the following question: Does a partner, or anyone at home, hurt, hit, or threaten you or take advantage of you financially?: Patient answers "No" Does RN have reason to believe a Social Work Consult is needed to assess abuse or neglect risk?: No Risk of Suicide Do you feel down, depressed, or hopeless?: Yes (Retired) Suicide Rating Scale: Columbia-Suicide Severity Rating Scale (C-SSRS) Do you wish you were dead or have you had thoughts of killing yourself?: No	Maier, Shannon
12:53	Intervention(s)	Intervention(s) Intervention(s): Ice	Maier, Shannon
12:53:03	Pain reassessment completed		Maier, Shannon
12:53:08	Allergies Reviewed		Maier, Shannon
12:54	STAMP Assessment	STAMP Assessment STAMP Assessment: None at present time	Maier, Shannon
12:54:06	Triage Completed		Maier, Shannon



VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

03/01/2019 - ED (in VCP Emergency Department (continued))

ED Care Timeline (continued)

13:24:14	Imaging Result	XR Hand 3 Views Left	Shc, In-Radiant Results Multiple Systems
13:31:30	XR Shoulder 2 Views Right Resulted	Collected: 3/1/2019 13:29 Last updated: 3/1/2019 13:34 Status: Final result	Shc, In-Radiant Results Multiple Systems
13:31:35	Orders Acknowledged	New - Ibuprofen (MOTRIN) tablet 600 mg	Maier, Shannon
13:31:45	History Reviewed	Sections Reviewed: Medical, Surgical, Family, Tobacco, Alcohol, Drug Use, Custom	Tjoe, Andreas, MD
13:34:35	Imaging Result	XR Shoulder 2 Views Right	Shc, In-Radiant Results Multiple Systems
13:35:08	Home Medications Reviewed		Maier, Shannon
13:36	Medication Given	Ibuprofen (MOTRIN) tablet 600 mg - Dose: 600 mg ; Route: Oral ; Scheduled Time: 1317	Maier, Shannon
13:51	Patient/Care Giver/ MSE	Medical Screen Exam Medical Screen Exam: I have performed a medical screening examination on this patient and no emergency medical condition exists at this time	Tjoe, Andreas, MD
13:51:46	Discharge Disposition Selected	ED Disposition set to Discharge	Tjoe, Andreas, MD
13:51:46	Disposition Selected		Tjoe, Andreas, MD
13:51:50	ED Provider Notes	Note filed at this time	Tjoe, Andreas, MD
13:51:50	ED Attending Note Signed	ED Prov Note filed by Tjoe, Andreas, MD	Tjoe, Andreas, MD
14:01	Homeless Discharge Checklist	Homeless Discharge Checklist - Nursing Documentation The homeless patient has been offered a meal: Yes The homeless patients has been offered weather-appropriate clothing: Yes	Maier, Shannon
14:02:57	AVS Printed		Maier, Shannon
14:02:58	AVS Printed		Maier, Shannon
14:02:58	AVS Printed	ED Additional Information Jail/Medical Screening Examination Letter	Maier, Shannon



VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

03/01/2019 - ED in ED - Emergency Department (continued)

ED Care Timeline (continued)

14:04	Homeless Discharge Checklist	Homeless Discharge Checklist - Nursing Documentation The physician or designee has communicated post-discharge medical needs to the homeless patient: Yes The homeless patient has been provided with a prescription, if needed: N/A The homeless patient has been offered or referred to screening for infectious disease: Yes The homeless patient has been offered vaccinations appropriate to the homeless patient's presenting medical condition: N/A Homeless Discharge Checklist - Social Work Documentation The homeless patient has been referred to a source of follow-up care, if medically necessary: Yes The hospital has offered the homeless patient transportation after discharge to a maximum travel time of 30 minutes or a maximum travel distance of 30 miles of the hospital: N/A Reason patient was not offered transportation, or not applicable:: in custody The homeless patient has been provided with a medical screening examination and evaluation. At this time, follow-up behavioral health care is:: Not clinically indicated The homeless patient has been screened for, and provided assistance to enroll in, any affordable health insurance coverage for which he or she is eligible: Yes The homeless patient has been referred to homeless shelters: N/A	Maier, Shannon
14:07:41	ED Notes	Discussed with case management, patient cleared for discharge.	Montano, Briana, RN
14:09	Transfer Disposition	E - Vitals (15 min before transfer) Pulse: 70 Resp: 18 BP: 125/87	Severance, Susan, RN
14:09	Custom Formula Data	Hemodynamics Mean Arterial Pressure (Calculated): 100 mmHg	Severance, Susan, RN
14:10	Patient Discharge	Patient Discharge Reassessment of Chief Complaint: discharged in US Marshall custody Patient Teaching: Discharge Instructions reviewed Discharge Mode: Ambulatory Accompanied by: Law Enforcement Discharge Transportation: Law Enforcement Patient Discharge Discharge AMA: No	Severance, Susan, RN
14:12	Patient discharged		Severance, Susan, RN
14:12:14	Patient Summary Extract Created		Severance, Susan, RN

Imaging

Imaging

XR Hand 3 Views Left (Final result)

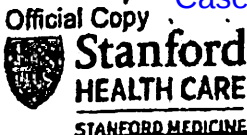
XR Hand 3 Views Left

Ordering provider: Tjoe, Andreas, MD 03/01/19 1236
Resulted by: Ye, Xin, MD

Performed: 03/01/19 1251 - 03/01/19 1311
Resulting lab: RADIOLOGY
Narrative:

Resulted: 03/01/19 1321, Result status: Final result

Order status: Completed
Filed by: Shc, In-Radiant Results Multiple Systems 03/01/19 1324
Accession number: VC14336047



VALLEYCARE PLEASANTON
5555 W Las Positas Blvd
Pleasanton CA 94588-4000

Luckert, Michael
MRN: 75861773, DOB: 7/12/1969, Sex: M
Adm: 3/1/2019

03/01/2019 - ED In VCR Emergency Department (continued)

Imaging (continued)

RADIOGRAPHIC EXAMINATION OF THE BILATERAL HANDS 3/1/2019 12:55

CLINICAL HISTORY: 49 years of age. Male, pain and swelling following trauma.

COMPARISON: None.

PROCEDURE COMMENTS: 3 views of the bilateral hands.

FINDINGS:

There is no visible fracture or malalignment. The joint spaces are preserved. There is regional soft tissue swelling. There is a punctate hyperdensity in the distal left thumb.

Impression:

IMPRESSION:

1. No fracture or malalignment.
2. Punctate hyperdensity in the distal left thumb may represent external artifact versus foreign body.

Physician to Physician Radiology Consult Line: (650) 736-1173

Signed

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

XR Hand 3 Views Left

Resulted: 03/01/19 1251, Result status: In process

Ordering provider: Tjoe, Andreas, MD 03/01/19 1236
Resulted by: Ye, Xin, MD
Performed: 03/01/19 1251 - 03/01/19 1311
Resulting lab: RADIOLOGY

Order status: Completed
Filed by: Gill, Italo, RT 03/01/19 1251
Accession number: VC14336047

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

Signed

Electronically signed by Ye, Xin, MD on 3/1/19 at 1321 PST

XR Hand 3 Views Right (Final result)

XR Hand 3 Views Right

Resulted: 03/01/19 1321, Result status: Final result

Ordering provider: Tjoe, Andreas, MD 03/01/19 1236
Resulted by: Ye, Xin, MD

Order status: Completed
Filed by: Shc, In-Radiant Results Multiple Systems 03/01/19 1324
Accession number: VC14336050

Performed: 03/01/19 1251 - 03/01/19 1311
Resulting lab: RADIOLOGY

Narrative:

RADIOGRAPHIC EXAMINATION OF THE BILATERAL HANDS 3/1/2019 12:55

CLINICAL HISTORY: 49 years of age. Male, pain and swelling following trauma.

03/01/2019 - ED in VCP Emergency Department (continued)

Imaging (continued)

COMPARISON: None.

PROCEDURE COMMENTS: 3 views of the bilateral hands.

FINDINGS:

There is no visible fracture or malalignment. The joint spaces are preserved. There is regional soft tissue swelling. There is a punctate hyperdensity in the distal left thumb.

Impression:

IMPRESSION:

1. No fracture or malalignment.
2. Punctate hyperdensity in the distal left thumb may represent external artifact versus foreign body.

Physician to Physician Radiology Consult Line: (650) 736-1173

Signed

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

XR Hand 3 Views Right

Ordering provider: Tjoe, Andreas, MD 03/01/19 1236
Resulted by: Ye, Xin, MD
Performed: 03/01/19 1251 - 03/01/19 1311
Resulting lab: RADIOLOGY

Resulted: 03/01/19 1252, Result status: In process

Order status: Completed
Filed by: Gill, Italo, RT 03/01/19 1252
Accession number: VC14336050

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
13 - RIS	RADIOLOGY	Unknown	Unknown	11/22/10 0854 - Present

Signed

Electronically signed by Ye, Xin, MD on 3/1/19 at 1321 PST

XR Shoulder 2 Views Right (Final result)

XR Shoulder 2 Views Right

Ordering provider: Tjoe, Andreas, MD 03/01/19 1236
Resulted by: Ye, Xin, MD
Performed: 03/01/19 1252 - 03/01/19 1311
Resulting lab: RADIOLOGY
Narrative:

Resulted: 03/01/19 1331, Result status: Final result

Order status: Completed
Filed by: Shc, In-Radiant Results Multiple Systems 03/01/19 1334
Accession number: VC14336052

RADIOGRAPHIC EXAMINATION OF THE SHOULDER: 3/1/2019 13:05

CLINICAL HISTORY: 49 years of age, Male, pain following assault.

COMPARISON: None.

PROCEDURE COMMENTS: 3 views of the right shoulder.

EXHIBIT-1.H

VALLEY CARE PLEASANTON

Official Copy

Stanford

HEALTH CARE

STANFORD MEDICINE

VALLEYCARE PLEASANTON Luckart, Michael

5555 W Las Positas Blvd

MRN: 76861773; DOB: 7/12/1969, Sex: M

Pleasanton CA 94588-4000

Adm: 3/1/2019

03/01/2019 - ED in VCP Emergency Department (continued)

ED Care Timeline (continued)

14:04	Homeless Discharge Checklist	Homeless Discharge Checklist - Nursing Documentation The physician or designee has communicated post-discharge medical needs to the homeless patient.: Yes The homeless patient has been provided with a prescription, if needed: N/A The homeless patient has been offered or referred to screening for infectious disease.: Yes The homeless patient has been offered vaccinations appropriate to the homeless patient's presenting medical condition: N/A Homeless Discharge Checklist - Social Work Documentation The homeless patient has been referred to a source of follow-up care, if medically necessary: Yes The hospital has offered the homeless patient transportation after discharge to a maximum travel time of 30 minutes or a maximum travel distance of 30 miles of the hospital: N/A Reason patient was not offered transportation, or not applicable: In custody The homeless patient has been provided with a medical screening examination and evaluation. At this time, follow-up behavioral health care is: Not clinically indicated The homeless patient has been screened for, and provided assistance to enroll in, any affordable health insurance coverage for which he or she is eligible: Yes The homeless patient has been referred to homeless shelters: N/A	Maier, Shannon
14:07:41	ED Notes	Discussed with case management, patient cleared for discharge.	Montano, Briana, RN
14:09	Transfer Disposition	E - Vitals (15 min before transfer) Pulse: 70 Resp: 18 BP: 125/87	Severance, Susan, RN
14:09	Custom Formula Data	Hemodynamics Mean Arterial Pressure (Calculated): 100 mmHg	Severance, Susan, RN
14:10	Patient Discharge	Patient Discharge Reassessment of Chief Complaint: discharged in US Marshall custody Patient Teaching: Discharge Instructions reviewed Discharge Mode: Ambulatory Accompanied by: Law Enforcement Discharge Transportation: Law Enforcement Patient Discharge Discharge AMA: No	Severance, Susan, RN
14:12	Patient discharged		Severance, Susan, RN
14:12:14	Patient Summary Extract Created		Severance, Susan, RN

Imaging

Imaging

XR Hand 3 Views Left (Final result)

XR Hand 3 Views Left

Resulted: 03/01/19 1321, Result status: Final result

Ordering provider: Tjoe, Andreas, MD 03/01/19 1236

Order status: Completed

Resulted by: Ye, Xin, MD

Filed by: Shc, In-Radiant Results Multiple Systems 03/01/19 1324

Performed: 03/01/19 1251 - 03/01/19 1311

Accession number: VC14336047

Resulting lab: RADIOLOGY

Narrative:

Printed on 3/10/21 8:39 AM

EXHIBIT (11), ValleyCare Pleasanton

ML

Page 21

000021

EXHIBIT-1.I

SANTA RITA JAIL MEDICAL
INTAKE/RECEIVING
SCREENING DOCUMENTS:
PAGE'S: 15, 128, 132, 134, 326

* ON PAGE: 326 CALL DATE: 3-15-2019 1:36
SUBJECTIVE: Please Just Pay attention to
Patient reports 5/10 Pain on Right hand AND
8/10 Pain on L HAND FROM BEING HAND CUT
2 1/2 weeks ago. Pt. states he's unable to
close his Left hand. Pt states he needs
pain medication.

7/28/22, 7:32 AM

CorEMR - LUCKERT, MICHAEL LONDON - #ULW491 (07-12-1969) :: Full Patient History | V5.5.0

	Medical Intake Triage/Receiving Screening - CMG			Cheryl	2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Confusion/Alertness:	Denies	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Lacerations:	Denies	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Incisions:	Denies	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Soreness:	Denies	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Swelling:	Denies	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Other:	Bilateral hands tender and swollen	Clark, Cheryl	03-01- 2019 7:15 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Pain?	Yes	Clark, Cheryl	03-01- 2019 7:15 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Pain scale /10:	3	Clark, Cheryl	03-01- 2019 7:15 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	LOC: A/O x	3	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Pupils:	Equal	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Size Left Pupil:	Reactive	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Size Right Pupil:	Reactive	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Appearance:	Normal	Clark, Cheryl	03-01- 2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving	Affect:	Normal	Clark, Cheryl	03-01- 2019 7:08 pm

(I.I) (J) ML
FYUT BTJ (J) Page 15

7/28/22, 7:32 AM

CorEMR - LUCKERT, MICHAEL LONDON - #ULW491 (07-12-1969) :: Full Patient History | v5.5.0

148603	Retired - Medical Intake Triage/Receiving Screening - CMG	**Signs of depression?	No	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Anxiety?	No	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Emotional flatness?	No	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	**Incoherent or strange manner? (If yes, describe)	No	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Bruises:	Denies	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Contusion/redness:	Denies	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Lacerations:	Denies	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Incisions:	Denies	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Soreness:	Denies	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Swelling:	Denies	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Other:	Bilateral hands tender and swollen	Clark, Cheryl	03-01-2019 7:15 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Pain?	Yes	Clark, Cheryl	03-01-2019 7:15 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	Pain scale /10:	3	Clark, Cheryl	03-01-2019 7:15 pm
148603	Retired - Medical Intake Triage/Receiving Screening - CMG	LOC: A/O x	3	Clark, Cheryl	03-01-2019 7:08 pm
148603	Retired - Medical Intake	Pupils:	Equal	Clark, Cheryl	03-01-2019

EXHIBIT Equal (IM Page 128)

7/28/22, 7:32 AM

CorEMR - LUCKERT, MICHAEL LONDON - #ULW491 (07-12-1969) :: Full Patient History | v5.5.0

148603	Initial Health History and Physical Exam (NCCHC)	Interpreter used? (If yes, list language and name of interpreter) *If Yes is marked, an alert will automatically generate for interpreter needed	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	*Pulse of 110 or greater; *Systolic BP of 180 or greater *Diastolic BP of 110 or greater *Temp of 100.0 or greater *SPO2 of less than 90 *Respirations of less than 12/min or greater than 24/min	[blank]	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Blood Sugar (if indicated):	na	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Current medications including psychotropics. List medication name, dose, frequency, last use, and reason:	no meds	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Medication Allergies?	nkda	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Other Allergies?	nkda	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Problem:	no	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	[blank]	no	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	[blank]	no	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Problem: *indicate which family member	no	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	[blank]	no	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	[blank]	no	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Hospitalizations/Operations?	If Yes, Describe: When? Where? (rt. and lt. hand pain went to valley memoria hospital x rays taken neg)	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Assistive Device?	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Diagnosed with STD in past 6 months?	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Any sexual contacts in the past 3 months diagnosed with STD?	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Recently had any of the following: Pain/burning with urination? Discharge from penis/vagina? Genital sores, blisters, ulcers? Unexplained rash on large area of the body? Lower abdominal pain?	No	Sadri, Maria	03-13-2019 2:10 pm

EXHIBIT, (I.I) page 132

EXHIBIT (I.I) page 132 ML

7/28/22, 7:32 AM

Cor/EMR - LUCKERT, MICHAEL LONDON - #ULW491 (07-12-1969) :: Full Patient History | v5.5.0

	Physical Exam (NCCHC)	for Withdrawal History			2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Hallucinogens: *If Yes, list Type, How Much, How Often, How Long, Last Use:	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Hallucinogens: History of Withdrawal? *If Yes is marked, an alert will automatically generate for Withdrawal History	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Tobacco: *If Yes, list Type, How Much, How Often, How Long, Last Use:	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Tobacco: History of Withdrawal? *If Yes is marked, an alert will automatically generate for Withdrawal History	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Ever had withdrawal tremors, seizures, or DT's associated with stopping alcohol? *If Yes is marked, an alert will automatically generate for Withdrawal History	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Orientation	Alert	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Appearance:	Normal	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Speech:	Clear/Coherent	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Mood:	Depressed	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Affect:	Appropriate	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Hallucinations:	None/Denies	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Delusions:	None	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Activity:	Appropriate	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Have you been diagnosed with schizophrenia, major depression, or bipolar disorder? *If Yes is marked, an alert will automatically generate for Mental Health Alert	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	History of Mental Health Disorder? *If Yes is marked, an alert will automatically generate for Mental Health Alert	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Currently feeling hopeless/helpless?	No	Sadri, Maria	03-13-2019 2:10 pm
148603	Initial Health History and Physical Exam (NCCHC)	Have you ever attempted suicide?	No	Sadri, Maria	03-13-2019 2:10 pm

7/28/22, 7:32 AM

Call Date	03-01-2019 7:14 pm
Clinician Name	Cheryl Clark
Requested by Patient?	Yes
Subjective	03-01-2019 7:14 pm - Clark, Cheryl: Patient screened in ITR
Objective	03-01-2019 7:14 pm - Clark, Cheryl: See flow sheet for vital signs
Assessment	03-01-2019 7:14 pm - Clark, Cheryl: Patient alert and oriented x 3. Patient denies any medical or mental health concerns. Patient denies any SI and HI. Patient denies any Drug / ETOH use. Patient cleared at Valley Care for Soft tissue injury / Sprain on bilateral hands.
Plan	03-01-2019 7:14 pm - Clark, Cheryl: Patient given 500 mg Tylenol for 3/10 pain level on hands. Patient placed on NSC for F/U to hospital clearance
Education	03-01-2019 7:14 pm - Clark, Cheryl: PEG about access to medical care
Recorded By	Clark, Cheryl
Notes Regarding Note Off	[blank]

Call Date	03-15-2019 2:07 pm
Clinician Name	Gabriela Pamintuan
Requested by Patient?	No
Subjective	03-15-2019 1:36 pm - Pamintuan, Gabriela: "I need to get my hand x rayed. It has been 2 weeks and it still seems broken between the webbing and the knuckle on my L hand." @1055: Patient reports 5/10 pain on R hand and 8/10 pain on L hand from being handcuffed 2 1/2 weeks ago. Pt states swelling in R hand subsided already. Pt states he's unable to close his L hand. Pt states he needs pain medication, states ibuprofen hurts his stomach. ML
Objective	03-15-2019 1:36 pm - Pamintuan, Gabriela: AOX3, speech clear. Ambulates with steady gait. Skin w/d to touch. No noted swelling on R hand. Mild swelling noted on L hand. Pt has difficulty moving his L ring finger and middle finger, has difficulty making a fist.
Assessment	03-15-2019 1:36 pm - Pamintuan, Gabriela: Alliteration in comfort
Plan	03-15-2019 1:36 pm - Pamintuan, Gabriela: Will consult the provider for pain medication 03-15-2019 2:07 pm - Pamintuan, Gabriela: Provider consulted VO given for meloxicam 7.5 mg PO BID prn x 7 days. Order read back noted and carried out.
Education	03-15-2019 1:36 pm - Pamintuan, Gabriela: Advised to alert medical if swelling and pain is not resolved. Pt voiced understanding.
Recorded By	Pamintuan, Gabriela
Notes Regarding Note Off	[blank]

Call Date	09-23-2019 1:47 pm
Clinician Name	Mi You
Requested by Patient?	Yes
Subjective	09-23-2019 1:29 pm - You, Mi: ITR
Objective	[blank]
Assessment	[blank]
Plan	[blank]
Education	[blank]
Recorded By	You, Mi
Notes Regarding Note Off	[blank]

Call Date	09-30-2019 1:14 pm
Clinician Name	Padmaja Murlinty
Requested	No

(11)
EXHIBIT (1), Page 326
ML

MC

EXHIBIT-1.J

ZUCKERBERG SAN FRANCISCO
GENERAL HOSPITAL PAGE 1 AND 2

* DO NOT PAY ATTENTION TO LEFT
HAND 2-5 FINGERS that are in extreme
PAIN.

LUCKERT, MICHAEL LANDER

49 Y old Male, DOB: 07/12/1969, External MRN: 01836459
External Pt Account Number: 200059340584
Account Number: 01836459
111 CLAYTON STREET, SAN FRANCISCO, CA 94102
Home: 415-368-3572

Insurance: CHN WITH ANAAL 1PHU

Appointment Facility: Urgent Care Clinic
Patient's Default Facility: Potrero Hill Health Center

Progress Notes: Aldo Gomez, PA CHN#: 100834

04/17/2019

Current Medications

- Not-Taking/PRN
- Ibuprofen 600 MG Tablet 1 tablet with food or milk Orally Three times a day
- Ibuprofen 600 MG Tablet 1 tablet with food or milk as needed Orally Three times a day
- Penicillin V Potassium 500 MG Tablet 1 tablet Orally 3 x day
- Clindamycin HCl 300 MG Capsule 1 capsule Orally every 8 hrs

Allergies:
N.K.A.

Reason for Appointment

1. LT HAND/BODY PAIN

Assessment & Plan

- 1. Pain in right hand - M79.641
- 2. Pain of left hand - M79.642

1. Bilat hand pain. Per radiology plain films clear. Please use rx as directed. F/u with PCP at PHHC.

Treatment & Orders

1. Pain in right hand

Start Voltaren Gel, 1 %, as directed, Transdermal, use as directed, 14 days, 1, Refills 0

IMAGING: HAND AND WRIST LEFT
IMAGING: HAND AND WRIST RIGHT

2. Pain of left hand

IMAGING: HAND AND WRIST LEFT
IMAGING: HAND AND WRIST RIGHT

Disposition & Communication

Discharge Disposition: Discharged, instructions/precautions given. Condition at Discharge: Good

Follow Up:
PRN

History of Present Illness

***Screening/ Risk Assessments:**

Nursing Assessment and history 49 yo male injured approx 2 mos ago. L> R fingers and hands. Numbness

B/L Unable to close L fist completely. Seen at hospital in Dublin and told no fx. Pt feels may be fracture that xr done while hand swollen.

Neg: open lac, head injury.

PCP: needs

Pharmacy: Wgreen's 5th/Market

*Tobacco Use

*Smoking Status: never

*Falls Risk Screening

Have you fallen in the past six months? No

*Depression

In last 2 weeks have you been bothered by little interest or pleasure in doing things No

Feeling down, depressed, or hopeless No

***INTAKE:**

Means of Arrival

: Ambulatory

Accompanied by: self.

Pain Assessment:

Pain Screening

Does the patient have pain? Yes

(If Yes) Pain quality: stiff, aching

(If Yes) Pain location: 2-5 fingers L hand

(If Yes) Pain frequency: Intermittent

Relief Measures: warmth, hot water

Vital Signs

HR		
64 /min	04/17/2019 10:46:07 AM	Alice Schwab
RR		
16 /min	04/17/2019 10:46:07 AM	Alice Schwab
Temp		
36.5 C	04/17/2019 10:46:07 AM	Alice Schwab
Wt		
180 lbs	04/17/2019 10:46:07 AM	Alice Schwab
Wt-kg		
81.65 kg	04/17/2019 10:46:07 AM	Alice Schwab
Ht		
68 in	04/17/2019 10:46:07 AM	Alice Schwab

EXHIBIT

San Francisco
 Department of Public Health

SFDPH MAIN SERVICE AREA Luckert, Michael Landon
 MRN: 01836459, DOB: 7/12/1969, Sex: M
 04/17/2019

04/17/2019 - Legacy Encounter in OUTPATIENT CONVERSIONS

Imaging

Imaging

X-ray hand and wrist left (Final result)

X-ray hand and wrist left

Resulted: 04/17/19 1222, Result status: Final result

Order status: Completed
 Filed by: Interface, Radiology Results Conversion 07/26/19
 1821
 Accession number: 4878425
 Narrative:
 HAND AND WRIST LT

Resulted by: Terry C.P. Lynch, MD
 Performed: - 04/17/19 1138

Resulting lab: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Indication For Exam: PAIN POST ARREST

Impression:

There is no evidence of fracture.

Joint spaces are normal with normal alignment.

Mineralization is normal.

There is no evidence of soft tissue swelling or calcifications.

Electronically signed by Terry Lynch on 4/17/2019 12:22 PM

My electronic signature on this consultation report indicates my direct involvement in the interpretation of the examination and/or the direct supervision of the entire procedure and agreement with the report.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
20 - SFDPH	SAN FRANCISCO DEPT OF PUBLIC HEALTH	Godfred, Masinde	101 Grove ST, Room 419 San Francisco CA 94102	07/02/18 1041 - 01/24/20 1137

Signed

Electronically signed by Terry C.P. Lynch, MD on 4/17/19 at 1222 PDT

X-ray hand and wrist right (Final result)

X-ray hand and wrist right

Resulted: 04/17/19 1232, Result status: Final result

Order status: Completed
 Filed by: Interface, Radiology Results Conversion 07/26/19
 1821
 Accession number: 4878426
 Narrative:
 HAND AND WRIST RT

Resulted by: Terry C.P. Lynch, MD
 Performed: - 04/17/19 1138

Resulting lab: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Indication For Exam: PT ARRESTED 52 MO AGO CONT POOR ROM

Impression:

There is no evidence of fracture of the right hand and wrist.

Joint spaces are normal with normal alignment.

Mineralization is normal.

There is no evidence of soft tissue swelling or calcifications.

(13)

ML

OUT OF POCKET
EXPENSES FOR
GETTING KICKED
OFF THE READY TO
GO TO WORKLIST

EXHIBIT-1.K

CARPENTERS DUES CARD
LOCAL 22 PAGES 1-3

PATRICK MULLIGAN
Financial Secretary



CARPENTERS LOCAL UNION NO. 22

2085 - 3rd STREET, SAN FRANCISCO, CA 94107
PH: (415) 355-1322 • FAX: (415) 355-1422
DISPATCH FAX: (415) 355-0816 www.local22.org

OFFICIAL RECEIPT AND DUES CARD

Michael Luckert
111 Taylor St
San Francisco, CA 94102-2802

CARPENTERS LOCAL UNION NO. 22 DUES CARD

Michael Luckert	Local: UBC00022
MbrID: U-5956-3998	Code: JOURNEYMAN
Class: MEMBER	Date: 12/20/2018
Rcpt#: 794839	
Total Paid	: \$51.00 CR
Dues Amount Paid	: \$51.00
Assess/Other Paid	: \$0.00
Unapplied/Overpay	: \$0.00
Dues Paid Through Date	: 01/31/2019
Balance Due	: \$0.00

CARPENTERS LOCAL UNION NO. 22

PATRICK MULLIGAN
Financial Secretary

Monthly Membership Meeting: 1st Tuesday of each Month - 7:00 PM
Meeting Location: 450 Harrison St, San Francisco, CA



Roll Call 1st & 3rd Thursdays of the Month: 7:00am - 12:00pm
Dispatch Office Hours: 7:00am - 9:00am & 3:00pm - 5:00pm
Dispatch Office E-mail: local22dispatch@ncrc.org
Carpenters Trust Fund: carpenterfunds.com, (888) 547-2054
Carpenters Training Center: ctnc.org, (925) 462-9644
Drywall Training Center: ctnc.org, (510) 785-6885

"DUES, CONTRIBUTIONS OR GIFTS TO CARPENTERS LOCAL UNION NO. 22 ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. DUES PAID TO CARPENTERS LOCAL UNION NO. 22, HOWEVER, MAY QUALIFY AS BUSINESS EXPENSES, AND MAY BE DEDUCTIBLE IN LIMITED CIRCUMSTANCES SUBJECT TO VARIOUS RESTRICTIONS IMPOSED BY THE INTERNAL REVENUE CODE."

(1.K)
EXHIBIT (L), Page 1, DUES CARD FOR,
PROOF OF OUT OF POCKET EXPENSES

PATRICK MULLIGAN
Financial Secretary

CARPENTERS LOCAL UNION NO. 22 DUES CARD



CARPENTERS LOCAL UNION NO. 22

2085 • 3rd STREET, SAN FRANCISCO, CA 94107
PH: (415) 355-1322 • FAX: (415) 355-1422
DISPATCH FAX: (415) 355-0816 www.local22.org

OFFICIAL RECEIPT AND DUES CARD

Michael Luckert
111 Taylor St
San Francisco, CA 94102-2802

Michael Luckert	Local: UBC00022
Class: MEMBER	Code : 00000000
Rcpt#: 800675	Date : 02/25/2019
Total Paid	: \$51.00 CR
Dues Amount Paid	: \$51.00
Assess/Other Paid	: \$0.00
Unapplied/Overpay	: \$0.00
Dues Paid Through Date	: 03/31/2019
Balance Due	: \$0.00

(1.K)
DUES CARD FOR PROOF OF
EXHIBIT (), Page 3 / OUT OF POCKET EXPENSES

CARPENTERS LOCAL UNION NO. 22
PATRICK MULLIGAN
Financial Secretary

Monthly Membership Meeting, 1st Tuesday of each Month - 7:00 PM
1000 Mission St. San Francisco, CA

DUES, CONTRIBUTIONS OR GIFTS TO CARPENTERS LOCAL UNION NO. 22 ARE NOT DEDUCTIBLE AS CHARITABLE CONTRIBUTIONS FOR FEDERAL INCOME TAX PURPOSES. HOWEVER, SUCH GIFTS TO CARPENTERS LOCAL UNION NO. 22, HOWEVER, MAY QUALIFY AS BUSINESS EXPENSES, AND MAY BE DEDUCTIBLE IN LIMITED CIRCUMSTANCES SUBJECT TO VARIOUS RESTRICTIONS IMPOSED BY THE INTERNAL REVENUE CODE.

Roll Call 1st & 3rd Thursdays of the Month: 7:00am - 12:00pm
Dispatch Office Hours: 7:00am - 9:00am & 3:00pm - 5:00pm
Dispatch Office E-mail: local22dispatch@nccrc.org
Carpenters Trust Fund: carpenterfunds.cgm, (888) 547-2054
Carpenters Training Center: clcnc.org, (925) 462-9644
Drywall Training Center: clcnc.org, (510) 785-5885

DUES CARD FOR PROOF OF
(I.K.) Page 3
EXHIBIT () Page 3 OUT OF POCKET EXPENS.
ML

EXHIBIT-1.L

CUSTODY ACTIVITY CEN.
9389699 PFN:ULW-491

Custody Activity CEN: 9389699 PFN: ULW491

Name: LUCKERT, MICHAEL LONDON

Arrest Date / Time	Booking Date / Time	HFAC	HFAC In Date / Time	In Status	HFAC Out Date / Time	Out Status	Days Served
03/01/2019 / 11:00 AM	03/01/2019 / 05:33 PM	00S00	03/01/2019 / 11:00 AM	HELD	03/25/2019 / 10:17 PM	REL	25

Document printed using CRIMS web site

CONFIDENTIAL INFORMATION
NOT TO BE REPRODUCED
NOT FOR EMPLOYMENT PURPOSES

EXHIBIT (11L)
ML

ALAMEDA COUNTY SHERIFFS OFFICE
EDEN TOWNSHIP SUBSTATION
16001 FOOTHILL BLVD.
SAN LEANDRO, CA 94578

EXHIBIT-1.M

CARPENTERS DETAIL
HOURS

CR300
REQUESTED BY: RA
UBC:US9563998

Carpenters Detail Hours
As Of Date: 06/23/2022
Carpenter Name - LUCKERT, MICHAEL L

Date: 06/23/2022
PAGE: 2
Time: 05:55:23 AM

ID NUMBER	CARPENTER NAME	OCC	LVL	EMPLOYER_NBR	EMPLOYER NAME	AGREE CODE	YEAR	MONTH	HW HOURS	PENSION HOURS	PENSION CONTRIBUTIONS
US9563998	LUCKERT, MICHAEL L	C	J	036607-036607	HOME CONSTRUCTION CORP	021	2017	09/01/2017	24.00	24.00	231.60
US9563998	LUCKERT, MICHAEL L	C	J	030811-058890	TUTOR PERINI BUILDING CORP.	141	2017	09/01/2017	46.00	46.00	443.90
US9563998	LUCKERT, MICHAEL L	C	J	036607-036607	HOME CONSTRUCTION CORP	021	2017	10/01/2017	43.00	43.00	414.95
US9563998	LUCKERT, MICHAEL L	C	J	036607-036607	HOME CONSTRUCTION CORP	021	2017	11/01/2017	8.00	8.00	77.20
US9563998	LUCKERT, MICHAEL L	C	J	031807-093795	I S E C INC	001	2017	11/01/2017	34.00	34.00	326.09
US9563998	LUCKERT, MICHAEL L	C	J	030811-058890	TUTOR PERINI BUILDING CORP.	141	2017	11/01/2017	18.00	18.00	173.70
US9563998	LUCKERT, MICHAEL L	C	J	037969-037969	BOMEL CONSTRUCTION CO	021	2017	12/01/2017	148.00	148.00	1,426.20
							2017	Total	1,087.50	1,087.50	10,420.33
US9563998	LUCKERT, MICHAEL L	C	J	037969-037969	BOMEL CONSTRUCTION CO	021	2018	01/01/2018	13.00	13.00	125.45
US9563998	LUCKERT, MICHAEL L	C	J	058743-058743	BJORCK CONSTRUCTION CO, INC.	001	2018	05/01/2018	4.00	4.00	38.60
US9563998	LUCKERT, MICHAEL L	C	J	058743-058743	BJORCK CONSTRUCTION CO, INC.	001	2018	06/01/2018	78.00	78.00	752.70
US9563998	LUCKERT, MICHAEL L	C	J	030811-058890	TUTOR PERINI BUILDING CORP.	141	2018	06/01/2018	2.00	2.00	19.30
US9563998	LUCKERT, MICHAEL L	C	J	004126-059302	CAHILL CONTRACTORS LLC	021	2018	07/01/2018	24.00	24.00	242.40
US9563998	LUCKERT, MICHAEL L	C	J	050402-050402	R F J INC	028	2018	07/01/2018	8.00	8.00	80.80
US9563998	LUCKERT, MICHAEL L	C	J	050402-050402	R F J INC	028	2018	08/01/2018	189.00	189.00	1,908.90
US9563998	LUCKERT, MICHAEL L	C	J	005016-051418	PERFORMANCE CONTRACTING INC	021	2018	09/01/2018	104.00	104.00	1,050.40
US9563998	LUCKERT, MICHAEL L	C	J	050402-050402	R F J INC	028	2018	09/01/2018	40.00	40.00	404.00
US9563998	LUCKERT, MICHAEL L	C	J	005016-051418	PERFORMANCE CONTRACTING INC	021	2018	10/01/2018	180.00	180.00	1,818.00
US9563998	LUCKERT, MICHAEL L	C	J	005016-051418	PERFORMANCE CONTRACTING INC	021	2018	11/01/2018	20.00	20.00	202.00
							2018	Total	662.00	662.00	6,642.55
US9563998	LUCKERT, MICHAEL L	D	J	057519-058141	IRONWOOD COMMERCIAL BUILDERS INC	028	2019	05/01/2019	2.00	2.00	20.20
US9563998	LUCKERT, MICHAEL L	D	J	032912-032912	PACE, INC	028	2019	05/01/2019	24.00	24.00	242.40
US9563998	LUCKERT, MICHAEL L	D	J	032912-032912	PACE, INC	028	2019	08/01/2019	139.00	139.00	1,445.58
							2019	Total	165.00	165.00	1,708.18
							Grand Total		4,373.50	4,373.50	19,267.00

EXHIBIT (A), CARPENTERS DETAIL HOURS

(I.M)

EXHIBIT-1-N

ORIGINAL COMPLAINT UNDER
THE CIVIL RIGHTS ACT, 42 U.S.C.S
1983, Document 1 Filed 12/17/19, Page 4, Line
4-5

III Statement of Claim. (continued)

1. Then the officer told me to roll over on my stomach.
2. I complied. Then officer: D. Smith #2275 put his full weight
3. on my back again and grabbed my already swollen wrists
4. and bent it backwards. At this time the police officers
5. took turns on me. Doing the same thing. This whole time
6. I am screaming to stop it hurts, Fuck. Then "officer!
7. D. Smith" got on top of me again bending my left wrist
8. and fingers out of joint until I heard a loud pop. "officer!
9. D. Smith" keep doing this for a little bit more. Then
10. Finally took the cuffs off. This whole time there where
11. Police officers at the cell door watching. I hold them
12. responsible as well for letting the pain and suffering
13. to continue to happen. "causing me more pain and
14. suffering." I then sat in the cell for 2 days with
15. out no kind of medical attention for my hands and
16. fingers. Causing me even more pain and suffering. These
17. actions by the one officer: D. Smith and by the San
18. Francisco Police, which will be determined, and
19. medical staff has caused pain in my hand muscles,
20. Finger Joints and nerves. In my left hand these
21. nerve muscles, fingers and joints "do not work right"
22. and close all the way without pain and suffering.
23. And still to this present day there is still pain and
24. suffering that I am still going through.. With more
25. discovery of evidence and ^{sub} subpoena of video surveillance
26. and body cameras you will see that officer: D. Smith and
27. other officers involved in this incident have committed
28. excessive force and medical malpractice.

EXHIBIT-1.N

EXHIBIT-1.0

OFFICE OF THE CITY
ATTORNEY, LETTER DATED
APRIL 17, 2024

CITY AND COUNTY OF SAN FRANCISCO

OFFICE OF THE CITY ATTORNEY



DAVID CHIU
City Attorney

Edmund T. Wang
Deputy City Attorney

Direct Dial: (415) 554-3857
Email: edmund.wang@sfcityatt.org

April 17, 2024

VIA U.S. MAIL AND EMAIL

Michael Landon Luckert
PFN: ULW-491
Santa Rita County Jail
5325 Broder Blvd.
Dublin, CA 94568
michaelluckert703@gmail.com

Re: *Michael Landon Luckert v. O. Smith, et al.*
Northern District Court Case No. 19-cv-08204-PJH

Dear Mr. Luckert:

This letter responds to your "Meet and Confer Letter on Document Production," which is dated April 8 2024, but which we did not receive until April 11, 2024.

With respect to your request for "the documented date that the video surveillance/body cameras were erased or destroyed," it is not clear what you claim has not been provided to you. You previously requested, "a copy of the documents that you filed about the day in January of 2020 the the defence erased, destroyed or did not preserve the video surveillance." (ECF No. 125.) And we agreed to re-produce "copies of documents previously exchanged by the parties and/or submitted to the Court, . . . , as well as subpoenaed documents." (ECF No. 130.) These documents were produced to you on March 15, 2024, in paper copies, except for the subpoenaed radiology records.

The March 15, 2024 document production included each defendant's responses to your discovery requests, as well as the following:

- Reply In Support of Defendants' Motion to Dismiss or in the Alternative, Motion for Summary Judgment, which explained that "The surveillance video of Plaintiff's assault on library staff was transferred to the San Francisco Police Department on December 10, 2019, and disposed of on February 1, 2020 — well before this lawsuit was ordered to be served on September 30, 2020" (ECF No. 57, at 3, n.2);
- Reply in Support of Defendants' Motion for Summary Judgment, which explained "[t]he Summons for Defendants were not issued until September 4, 2020 (ECF No. 22), while the surveillance video was disposed of months prior on February 1, 2020" (ECF No. 79, at 3-4 (citing Wang Ex. E)), and
- Exhibit E to the Declaration of Edmund T. Wang in Support of Reply in Support of Defendants' Motion for Summary Judgment, which is the "Memorandum" which concerned the handling of the surveillance video (ECF No. 79-2).

FOX PLAZA • 1390 MARKET STREET, 7TH FLOOR • SAN FRANCISCO, CALIFORNIA 94102-5408
RECEPTION: (415) 554-3800 • FACSIMILE: (415) 554-3837

EXHIBIT - 1.0

EXHIBIT-1.P

DECLARATION OF EDWARD GUTIERREZ
IN SUPPORT OF DEFENDANTS' MOTION
FOR SUMMARY JUDGMENT DOCUMENT 70-8
FILED 05/11/2022, Pages 2, 3

1 Library. I was at San Francisco City Hall located at 1 Dr. Carlton B. Goodlett Place. While I was at
2 City Hall, Deputy Smith advised me over the radio to meet him in the Main Library's security office
3 for a "148," an individual resisting arrest.

4 3. When I arrived at the security office, the individual who I now know is Plaintiff
5 Michael Luckert was in the office. Plaintiff was handcuffed behind his back. Plaintiff was agitated and
6 verbally hostile and aggressive. Plaintiff was slurring his words and was sweating profusely.

7 4. I searched Plaintiff's person for weapons and contraband. Before conducting the pat
8 search, I asked Plaintiff whether he had anything on his person that could poke, stab, or hurt me.
9 Plaintiff did not respond. Plaintiff continued to be verbally hostile and aggressive. I found a folding
10 knife concealed in his left pant pocket. The photographs attached hereto as **Exhibit A** depict the
11 folding knife that I found concealed in Plaintiff's left pant pocket.

12 5. I do not recall using any force on Plaintiff. The only physical contact with Plaintiff that
13 I recall is when I pat searched him. To conduct the search, I applied a rear wrist lock on Plaintiff with
14 one hand while I pat searched him with my other hand. I applied only minimal pressure, if any at all. I
15 applied only enough pressure to be able to detect any resistance and to maintain control of Plaintiff. I
16 do not recall whether any other deputies made any physical contact with Plaintiff in the security office.

17 6. I participated in escorting Plaintiff from the security office to a Sheriff's Office
18 transport van parked outside of the Main Library on Grove Street. I walked alongside of Plaintiff. I
19 had one hand on his shoulder and one hand on his elbow. Although I was in physical contact with
20 Plaintiff, I do not recall using any force to escort Plaintiff to the transport van. I only applied a light
21 touch to detect any resistance and to guide Plaintiff to the transport van. Plaintiff was agitated and
22 verbally hostile and aggressive during the escort from the security office to the transport van.

23 7. Plaintiff was then placed in the back of the transport van. I drove the transport van from
24 the Main Library to San Francisco County Jail #1, which is the Intake Center and Release Center
25 where people are booked after they are arrested. I could not see Plaintiff while I was driving. Plaintiff,
26 however, continued to be verbally hostile and aggressive and was repeatedly banging against the
27 transport van during the drive.

28 EXHIBIT-1.P, page 2

8. Upon arriving at San Francisco County Jail #1, Plaintiff refused orders to exit the vehicle, and continued to be verbally hostile and aggressive.

9. Plaintiff was placed in a holding cell to wait for the booking process. I searched Plaintiff again before he was left in the holding cell. To conduct the search, I applied a rear wrist lock on Plaintiff with one hand while I pat searched him with my other hand. I applied only minimal pressure, if any at all. I applied only enough pressure to be able to detect any resistance. I do not recall using any force on Plaintiff. The only physical contact with Plaintiff that I recall is when I searched him, as described above.

10. During the fingerprinting and photographing components of the booking process, Plaintiff continued to be resistive and refused to follow orders. During the medical triage component of the booking process, Plaintiff continued to be resistive and refused to answer the questions of Jail Medical Services, including refusing to answer whether he was suicidal. I do not recall making physical contact with Plaintiff during the booking process.

11. Plaintiff was then placed in a safety cell. A safety cell is a padded single cell used in certain situations, including for prisoners who are physically combative or otherwise present an imminent danger to others, or who are a danger to self. While I was present during Plaintiff's safety cell placement, I did not make any physical contact with Plaintiff during his safety cell placement. I do not recall who participated in placing Plaintiff in a safety cell.

12. At some point at San Francisco County Jail #1, Plaintiff soiled his clothes. I smelled feces on his person and clothes.

13. I did not threaten or use deadly force against Plaintiff at any time. I did not hit, kick, strike, or otherwise deliver any physical blows to Plaintiff at any time. I did not threaten or deploy any weapons against Plaintiff at any time.

I declare under penalty of perjury pursuant to the laws of the United States that the foregoing is true and correct.

Executed this __5th__ day of August, 2021 at San Francisco, California.

E. Gutierrez #1928
EDWARD GUTIERREZ

EXHIBIT-1.Q

SAN FRANCISCO SHERIFFS
DEPARTMENT INCIDENT REPORT
NARRATIVE INCIDENT NO: 190-143-778

SAN FRANCISCO SHERIFF'S DEPARTMENT INCIDENT REPORT NARRATIVE

INCIDENT NO:190-143-778

PAGE 2 OF 3

On February 26, 2019, I was assigned to the San Francisco Public Library located at 30 Grove Street. I was partnered with Deputy E. Gutierrez #1928. At approximately 1625 hours Building and Grounds Dispatcher advised me that an assault had occurred on the sixth floor. When I arrived on scene I identified myself as a Deputy Sheriff. Building and Grounds Patrol Officers were standing by with an unknown male adult who I later identified as Luckert, Michael SF# [Redacted]

Building and Grounds Patrol Officers notified me that Luckert had assaulted a library staff member. I asked Luckert to explain what had happened and he stated, "To be honest I do not like black people!" I then asked Luckert again to tell me what happened. Luckert stated, "I don't like perverts, so I pinned the man against the wall and told him to sit down!" for Luckert's safety and my safety I told Luckert to turn around so I could place handcuffs on him. Luckert refused and stated, "fuck no!" Luckert had clenched fists and was sweating profusely. I stepped in towards Luckert to place him in handcuffs and he began to resist by attempting to pull away. Building and Grounds Patrol Officers and I were able to secure Luckert into handcuffs. I told Luckert that he was being placed under arrest.

I escorted Luckert down to the Building and Grounds Patrol office. Luckert continued to try to pull away from us the entire way down to the office. I went over the radio on SO-A16 to advise Deputy Gutierrez to meet me in the office. Deputies Gutierrez #1928, Brule #2005 and Espiritu #1952 arrived on scene. While searching Luckert Deputy Gutierrez found a folding knife (E1) concealed in Luckert's left pant pocket. Deputies Espiritu #1952, Gutierrez #1928 and Brule #2005 escorted Luckert to the Sheriff's van parked on Grove street and secured him in the back. Deputy Gutierrez called CWB and spoke to Lena #56. She advised Gutierrez that Luckert was on Federal Probation. Deputy Gutierrez spoke to Luckert's probation officer Figueroa, Jose. Figueroa advised Gutierrez that Luckert would be placed on a Federal Probation Hold.

I spoke to Building and Grounds Patrol Officer Ochoa, Anthony after the incident and he stated he would write a San Francisco Sheriff Department Incident Report Statement (E2). I also spoke to Building and Grounds Patrol Supervisor Ancheta, Walter who stated they had footage of the incident. Ancheta burned a copy of the footage on to a DVD-R (E3).

Deputy Gutierrez and Deputy B. Mendoza #2324 transported Luckert to County Jail #1. Where he was medically cleared and booked for the following: 148(a) PC, 602.1(b) PC, 17(b)(3) PC and 415 PC.

I took (2) photographs of the folding knife. I booked (E1, E2, and E3) in the City Hall Security Evidence Locker located at 1 Dr. Carlton B. Goodlett Place, Room 017.

EXHIBIT - 1.Q

EXHIBIT-1.R

SAN FRANCISCO MEDICAL
REPORT, PAGE 33

JHS Live03/24/21 13:01

Encounter Report

ID:	19641 (2266017)	Date:	02/26/19 18:48
Patient:	Luckert, Michael L	Provider:	Yu, Laura
BirthDate:	07/12/69	Type:	BHS Screening
Location:		Site:	County Jail 1
Primary	Psychotic Disorder	Secondary	Amphetamine Induced Psychotic Disorder
RFV	(Provisional)	RFV	(Provisional)

Patient Information

Arrest Date 02/26/2019

Referral from JMS Safety Cell

Safety Cell Date: 02/26/2019

Safety Cell Time: 17:50

Safety Cell Placement Reason: Danger to Self, Danger to Others Per S/C sheet: Client was "combative with arresting officers. Resistive with triage process. Did not answer if he was suicidal."

"Pt resistive, and combative with custody. Talking to self during triage. Denied si/hi. Placed into SC due to DTO"-JMS

Charges at Arrest 148(a)(1): RESISTING, OBSTRUCTING, DELAYING OF A PEACE OFFICER OR EMT

602.1(b): INTERFERING WITH A PUBLIC AGENCY

415: DISTURBING THE PEACE

171(b): POSSESSION OF WEAPON IN COURTHOUSE OR PUBLIC BUILDING

Legal Status: Misdemeanor

Language Used to Provide Service: English

History of Community Mental Health Treatment: Yes

Inpatient Psychiatric Hospitals: true

Client reported he has been hospitalized for multiple days in San Leandro before. No MH services or hospitalizations in LCR/CCMS.

Current Mental Health Provider Denies. None on LCR/CCMS.

Psychiatric History In Custody

History of Hospitalizations or 5150 Hold: false

History of Safety Cell Placements: true

Client has been in SF county jail in 2005, 2011, and 2019. Last time he was in custody was in February 2019, he was placed in the s/c for DTO at CJ4 and said he will fight if housed on mainline.

Signed out and housed per class, diagnosed personality disorder nos.

Currently Conserved: No

Regional Center Client: No

Are You Licensed: Yes

Reports Psychiatric Medication Last 3 Months: No

Current Substance Use: Alcohol Amphetamine Cocaine Reported he drank alcohol last night.

Ambiguous of about cocaine use. Reported history of head banging when on meth. Appeared to be detoxing from alcohol, bloodshot eyes. Labile mood could be due to stimulant use.

Risk Assessment

Wish to be Dead: No

Suicidal Thoughts: No

Risk Assessment End

EXHIBIT - C.R.

000033

EXHIBIT-1'S

AMENDED COMPLAINT, DOCUMENT 20,
Filed 08/03/20, Page 5

1 O. Smith #2275 was on one side of me. In (EXHIBIT B)
 2 Second Paragraph, Highlighted area, Anthony P. Ochoa,
 3 Building grounds patrol/security, states, while the
 4 Deputy's and security attempted to detain him to the
 5 Bench. So with these statements, I am lead to believe
 6 that, O. Smith #2275, Gutierrez #1928, Brule #2005,
 7 Espiritu #1952 and Building ground patrol/security;
 8 Anthony P. Ochoa were the officers responsible for
 9 the excessive force that took place in the building
 10 grounds Patrol Office. These officers maliciously
 11 and sadistically with violence that was unnecessary,
 12 pushed me to the bench and floor twisting my wrists,
 13 causing me pain and suffering. And my wrists to
 14 swell even more. At this point I am screaming Ouch, stop.
 15 Deputy's: O. Smith #2275, Gutierrez #1928, Brule #
 16 2005, Espiritu #1952 and Building ground patrol/security,
 17 Anthony P. Ochoa either helped with the excessive force
 18 or just stood around while other deputy's took there
 19 place. I hold them all responsible for the excessive
 20 force because either they helped with the excessive
 21 force or just stood around letting the pain and
 22 suffering to continue. Through out this whole
 23 incident I am handcuffed with my hands behind my
 24 back.

25 3. In (EXHIBIT A), paragraph 5, O. SMITH #2275, states
 26 "Deputy Gutierrez and Deputy B. Mendoza #2324
 27 transported Luckert to County Jail #1. So Deputy
 28 Gutierrez #1928 and Deputy B. Mendoza #2324

page 5 of 9

AMENDED STATEMENT OF ~~THE~~ ~~ML~~ ~~ML~~ COMPLAINT

EXHIBIT-2

VERIFICATION OF
EMPLOYMENT

(1/2) 04/29/2019 03:41:37 PM -0700

Drywall Lathers Local Union #9068

100 Hegenberger Rd, Suite 300

Oakland, CA 94621

Phone: (510) 430-1412

Fax: (510) 568-6809

Work Referral

Dispatch Date: 4/29/2019

Start Date: 4/30/2019

Employee: Michael Luckert - U59563998

Local: Carpenters #22

Dispatch Type:

Order

Job Class: Journeyman - Drywall

Apprenticeship Completion: No completion date

Member certifications are listed on page two.

Employer: Ironwood Commercial Builders I - 058344

Report To: Stacey Doty 925-876-4159

Non ADR Employer

Location: 3953 Industrial way Suite E Concord ca, 94520

Project: Heritage Point Mixed Use Building - 2018001236

Address: 1500 Fred Jackson Way

City: Richmond, CA 94804

Dispatching Union Representative: Edward Americano

Wages:	46.40	Health & Welfare:	11.45	Industry Promotion:	0.95
Vacation:	2.45	Pension:	10.10	Work Preservation:	0.05
Work Fee:	1.99	Annuity:	2.75	Travel:	0.00
		Apprenticeship:	0.87	Subsistence:	0.00

Job Information: Report to the shop at 7 am for new hire paper work. Must have two forms of ID for E-Verify. Report to Stacey Doty. The shift on site will be 7 am to 3:30. You will be reporting to the job site immediately following the completion of paper work.

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employee employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of Industrial injury, I hereby designate _____
as my physician.

3BBBCFBC00

000001

Date 04/30/2019

Michael Luckert

**87.66

**Eighty Seven Dollars ---66/100

PREVIEW

Michael Luckert
111 Taylor St
San Francisco, CA 94102

Employee / Independent - Michael Luckert

Pay Period 04/24/2019 - 04/30/2019 Date 04/30/2019

Earnings	Qty	Rate	Current
Regular Hours	2.00	48.40	96.80
Supplemental Dues - Drywall			3.88
Vacation Pay Union- Drywall P			4.90
			105.68
Withholdings			Current
Social Security - Employee			-8.55
Medicare - Employee			-1.53
State Disability Insurance			-1.08
Supplemental Dues - Ded			-3.88
Vacation - Ded			-4.90
			-18.02
Net Pay			87.66

YTD as of 04/30/2019		
2019 Earnings	Qty	YTD Total
Regular Hours	2.00	96.80
Supplemental Dues - Drywall, Plasters & Labor		3.88
Vacation Pay Union- Drywall Plasters & Labor		4.90
		105.68
2019 Withholdings		YTD Total
Social Security - Employee		-8.55
Medicare - Employee		-1.53
State Disability Insurance		-1.08
Supplemental Dues - Ded		-3.88
Vacation - Ded		-4.90
		-18.02
Year to Date Net Pay		87.66

Feders' Filing Single with 3 Exemptions
State Filing Single with 3 Exemptions

000008

Drywall Lathers Local Union #9144

2102 Almaden Rd., Ste. 116

San Jose, CA 95125

Phone: (408) 264-3080

Fax: (408) 264-3089

Work Referral

Dispatch Date: 9/6/2018

Start Date: 9/6/2018

Employee: Michael Luckert - U59563998

Local: Carpenters #22

Dispatch Type:

Request

Job Class: Journeyman - Drywall

Apprenticeship Completion: No completion date

Member certifications are listed on page two.

Employer: Performance Contracting Inc - 051418

Report To:

Non ADR Employer

Location:

Project: Genentech B-40 - 2017002400

Address: 620 E Grand Ave

City: South San Francisco, CA 94080

Dispatching Union Representative: Jose Cabrera

Wages:	48.40	Health & Welfare:	11.45	Industry Promotion:	0.95
Vacation:	2.45	Pension:	10.10	Work Preservation:	0.05
Work Fee:	1.99	Annuity:	2.75	Travel:	0.00
		Apprenticeship:	0.87	Subsistence:	0.00

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employee employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of industrial injury, I hereby designate _____
as my physician.

3BFFFE2B00

000011

2018 W-2 and Earnings Summary

This summary section is included with your W-2 to help describe this portion in more detail. The reverse side includes general information that you may also find helpful. The following reflects your final pay stub, plus any adjustments made by your employer.

GROSS PAY		SOCIAL SECURITY TAX WITHHELD	
16,450.56	1,019.93	238.53	164.51
FED. INCOME TAX WITHHELD		MEDICARE TAX	
2,261.91		238.53	
STATE INCOME TAX		BOX 06 OF W-2	
987.94		BOX 06 OF W-2	
LOCAL INCOME TAX		BOX 02 OF W-2	
0.00		BOX 02 OF W-2	
BOX 17 OF W-2		BOX 19 OF W-2	
BOX 17 OF W-2		BOX 19 OF W-2	

W-2 Employee Reference Copy Wage and Tax Statement 2018	
Copy C for employer's records OMB No. 1545-0047	
a Control number 9880	Employer use only
Employee's name, address, and ZIP code MICHAEL L LUCKERT 111 TAYLOR STREET SAN FRANCISCO, CA 94102	
b Employee's FED ID number 34-1467168	Employer's FED ID number 5723
1 Wages, tips, other comp. 16450.56	2 Federal income tax withheld 2261.91
3 Social security wages 16450.56	4 Social security tax withheld 1019.93
5 Medicare wages and tips 16450.56	6 Medicare tax withheld 238.53
7 Social security tips	8 Allocated tips
9 Dependent care benefits	10a Box instructions for box 12
11 Nonqualified plans	12a Box instructions for box 12
12b Other 1042 CA box	12c
12d	13 Stat emp. Ret. plan and party who pay
15 State Employee's state ID no. CA 321-6408	16 State wages, tips, etc. 16450.56
17 State income tax 987.94	19 Local income tax

MICHAEL L LUCKERT
111 TAYLOR STREET
SAN FRANCISCO, CA 94102

To change your employee W-2 profile information
fill in a new W-2 with your payroll department

Social Security Number: 0723

W-2 City or Local Filing Copy Wage and Tax Statement 2018	
OMB No. 1545-0047	
15 State Employee's state ID no. CA 321-6408	16 State wages, tips, etc. 16450.56
17 State income tax 987.94	19 Local income tax
Employee's name, address, and ZIP code MICHAEL L LUCKERT 111 TAYLOR STREET SAN FRANCISCO, CA 94102	
b Employee's FED ID number 34-1467168	Employer's FED ID number 5723
1 Wages, tips, other comp. 16450.56	2 Federal income tax withheld 2261.91
3 Social security wages 16450.56	4 Social security tax withheld 1019.93
5 Medicare wages and tips 16450.56	6 Medicare tax withheld 238.53
7 Social security tips	8 Allocated tips
9 Dependent care benefits	10a Box instructions for box 12
11 Nonqualified plans	12a Box instructions for box 12
12b Other 1042 CA box	12c
12d	13 Stat emp. Ret. plan and party who pay
15 State Employee's state ID no. CA 321-6408	16 State wages, tips, etc. 16450.56
17 State income tax 987.94	19 Local income tax

W-2 CA. State Filing Copy Wage and Tax Statement 2018	
OMB No. 1545-0047	
15 State Employee's state ID no. CA 321-6408	16 State wages, tips, etc. 16450.56
17 State income tax 987.94	19 Local income tax
Employee's name, address, and ZIP code MICHAEL L LUCKERT 111 TAYLOR STREET SAN FRANCISCO, CA 94102	
b Employee's FED ID number 34-1467168	Employer's FED ID number 5723
1 Wages, tips, other comp. 16450.56	2 Federal income tax withheld 2261.91
3 Social security wages 16450.56	4 Social security tax withheld 1019.93
5 Medicare wages and tips 16450.56	6 Medicare tax withheld 238.53
7 Social security tips	8 Allocated tips
9 Dependent care benefits	10a Box instructions for box 12
11 Nonqualified plans	12a Box instructions for box 12
12b Other 1042 CA box	12c
12d	13 Stat emp. Ret. plan and party who pay
15 State Employee's state ID no. CA 321-6408	16 State wages, tips, etc. 16450.56
17 State income tax 987.94	19 Local income tax

W-2 Federal Filing Copy Wage and Tax Statement 2018	
OMB No. 1545-0047	
15 State Employee's state ID no. CA 321-6408	16 State wages, tips, etc. 16450.56
17 State income tax 987.94	19 Local income tax
Employee's name, address, and ZIP code MICHAEL L LUCKERT 111 TAYLOR STREET SAN FRANCISCO, CA 94102	
b Employee's FED ID number 34-1467168	Employer's FED ID number 5723
1 Wages, tips, other comp. 16450.56	2 Federal income tax withheld 2261.91
3 Social security wages 16450.56	4 Social security tax withheld 1019.93
5 Medicare wages and tips 16450.56	6 Medicare tax withheld 238.53
7 Social security tips	8 Allocated tips
9 Dependent care benefits	10a Box instructions for box 12
11 Nonqualified plans	12a Box instructions for box 12
12b Other 1042 CA box	12c
12d	13 Stat emp. Ret. plan and party who pay
15 State Employee's state ID no. CA 321-6408	16 State wages, tips, etc. 16450.56
17 State income tax 987.94	19 Local income tax

Payroll for MICHAEL L LUCKERT

03/03/23

RFJ/MEISWINKEL COMPANY

Payroll for MICHAEL L LUCKERT

Record#	Status	Check#	Check Date	Total Hrs	Gross Pay	Adds	Deducts	Net Pay	Direct Deposit Batch#
5956	3	79027	07/09/2018	8.00	371.20	35.52	83.59	323.13	
5958	3	79028	07/09/2018			20.00		20.00	
6731	3	79506	08/02/2018	32.00	1,548.80	142.08	661.13	1,029.75	
6938	3	79661	08/10/2018	39.00	1,887.60	173.16	854.99	1,205.77	
6983	3	79662	08/10/2018	8.00	580.80	35.52	136.94	479.38	
7196	3	79776	08/17/2018	31.00	1,500.40	137.64	633.50	1,004.54	
7461	3	79972	08/24/2018	39.00	1,887.60	173.16	854.99	1,205.77	
7714	3	80073	08/30/2018	40.00	1,936.00	177.60	884.19	1,229.41	
7880	3	80483	09/04/2018	8.00	387.20	35.52	86.57	336.15	
7881	3	80484	09/04/2018	8.00	387.20	35.52	86.57	336.15	
7990	3	80572	09/07/2018	24.00	1,161.60	106.56	440.12	828.04	
				237.00	11,648.40	1,072.28	4,722.59	7,998.09	

Report
rfj\pblessington

Page 1

03/03/2023
09:53 AM

000003

Case 4:19-cv-08204-PJH Document 169-1 Filed 08/21/24 Page 65 of 95

a Employee's SSN 5723		1 Wages, tips, other compensation 12700.68		2 Federal income tax withheld 1886.16	
OMB No. 1545-0008		3 Social security wages 12700.68		4 Social security tax withheld 787.45	
b Employer identification number 94-2900416		5 Medicare wages and tips 12700.68		6 Medicare tax withheld 184.17	
c Employee's name, address, and ZIP code RFJ/MEISWINKEL COMPANY 930 INNES AVENUE CA CORP #1143201- CSLB #468556 SAN FRANCISCO CA 94124					
e Employee's first name and initial MICHAEL		Last name L. LUCKERT		Suff.	
111 TAYLOR STREET SAN FRANCISCO CA 94102					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other SDI		127.02	
12b		Pension		651.75	
12c		PENS SUP		2393.70	
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 318-9960-2		16 State wages, tips, etc. 12700.68		17 State income tax 685.51	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 5723		1 Wages, tips, other compensation 12700.68		2 Federal income tax withheld 1886.16	
OMB No. 1545-0008		3 Social security wages 12700.68		4 Social security tax withheld 787.45	
b Employer identification number 94-2900416		5 Medicare wages and tips 12700.68		6 Medicare tax withheld 184.17	
c Employee's name, address, and ZIP code RFJ/MEISWINKEL COMPANY 930 INNES AVENUE CA CORP #1143201- CSLB #468556 SAN FRANCISCO CA 94124					
e Employee's first name and initial MICHAEL		Last name L. LUCKERT		Suff.	
111 TAYLOR STREET SAN FRANCISCO CA 94102					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other SDI		127.02	
12b		Pension		651.75	
12c		PENS SUP		2393.70	
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 318-9960-2		16 State wages, tips, etc. 12700.68		17 State income tax 685.51	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2018 Copy C - For EMPLOYEE'S RECORDS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

a Employee's SSN 5723		1 Wages, tips, other compensation 12700.68		2 Federal income tax withheld 1886.16	
OMB No. 1545-0008		3 Social security wages 12700.68		4 Social security tax withheld 787.45	
b Employer identification number 94-2900416		5 Medicare wages and tips 12700.68		6 Medicare tax withheld 184.17	
c Employee's name, address, and ZIP code RFJ/MEISWINKEL COMPANY 930 INNES AVENUE CA CORP #1143201- CSLB #468556 SAN FRANCISCO CA 94124					
e Employee's first name and initial MICHAEL		Last name L. LUCKERT		Suff.	
111 TAYLOR STREET SAN FRANCISCO CA 94102					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other SDI		127.02	
12b		Pension		651.75	
12c		PENS SUP		2393.70	
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 318-9960-2		16 State wages, tips, etc. 12700.68		17 State income tax 685.51	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 5723		1 Wages, tips, other compensation 12700.68		2 Federal income tax withheld 1886.16	
OMB No. 1545-0008		3 Social security wages 12700.68		4 Social security tax withheld 787.45	
b Employer identification number 94-2900416		5 Medicare wages and tips 12700.68		6 Medicare tax withheld 184.17	
c Employee's name, address, and ZIP code RFJ/MEISWINKEL COMPANY 930 INNES AVENUE CA CORP #1143201- CSLB #468556 SAN FRANCISCO CA 94124					
e Employee's first name and initial MICHAEL		Last name L. LUCKERT		Suff.	
111 TAYLOR STREET SAN FRANCISCO CA 94102					
f Employee's address and ZIP code					
d Control number		7 Social security tips		8 Allocated tips	
9 Verification code		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other SDI		127.02	
12b		Pension		651.75	
12c		PENS SUP		2393.70	
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number CA 318-9960-2		16 State wages, tips, etc. 12700.68		17 State income tax 685.51	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2018 Department of the Treasury-Internal Revenue Service
 Copy 3 - To Be Filed With Employee's State, City, or Local Income Tax Return.

000004

Carpenters Local Union #22

2085 3rd Street
San Francisco, CA 94107

Phone: (415) 355-1322

Fax: (415) 355-0816

Work Referral

Dispatch Date: 7/19/2018

Start Date: 7/19/2018

Employee: Michael Luckert - U59563998

Local: Carpenters #22

Dispatch Type: Order

Job Class: Journeyman - Carpenter

Apprenticeship Completion: No completion date

Member certifications are listed on page two.

Employer: Cahill Construction Services 052978

Report To: Kendra Gomez 415-677-0665

Non ADR Employer

Location: Job site

Project: Parcel O - Low Income Affordable Housing - 2018000507

Address: 455 Fell St

Drug Testing

City: San Francisco, CA 94102

Dispatching Union Representative: Todd Williams

Wages:	48.40	Health & Welfare:	11.45	Industry Promotion:	0.29
Vacation:	2.45	Pension:	10.10	Work Preservation:	0.05
Work Fee:	1.99	Annuity:	2.25	Travel:	0.00
		Apprenticeship:	0.93	Subsistence:	0.00

Job Information: 2 pcs ID / Drug Test E-Verify Experience Framing & Hoisting. Report to Kendra @ 4398 Jensen St, Oakland, Ca 94601 for Drug testing and employment paperwork

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employee employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of industrial injury, I hereby designate _____
as my physician.

3B9FEB8000

12845 MICHAEL LUCKERT				Check Date: 7/23/18	Check Number: 7516
Fed Filing Status/ Deducts: S 3				Period Dates: 7/17/18 to 7/23/18	
				Pay Frequency: Weekly	
EARNINGS					CAHILL
THIS PAY PERIOD				YEAR TO DATE	
DESCRIPTION	RATE	HRS/UNITS	AMOUNT	AMOUNT	
Regular Pay	48.40000	24.00	1,161.60	1,161.60	
Union Vacation	4.44000		106.56	106.56	
DEDUCTIONS					
THIS PAY PERIOD				YEAR TO DATE	
DESCRIPTION			AMOUNT	AMOUNT	
Federal Income tax			132.58	132.58	
Social Security			78.63	78.63	
Medicare			18.39	18.39	
California State Tax			58.25	58.25	
CA SDI			12.68	12.68	
Union Vacation			106.56	106.56	
THIS PAY PERIOD				YEAR TO DATE	
PERIOD ENDING	EARNINGS	DEDUCTIONS	NET PAY		
7/23/18	1,268.16	407.09	861.07		
				YEAR TO DATE	
EARNINGS	DEDUCTIONS	NET PAY			
1,268.16	407.09	861.07			

CAHILL
425 CALIFORNIA STREET, SUITE 2200
SAN FRANCISCO, CA 94104

UNION BANK
SAN FRANCISCO, CA 94104
15-49-6/1220

Date	Check Number	Amount
7/23/18	7516	\$861.07

PAY ***Eight Hundred Sixty-One and 07 / 100 Dollars***

TO THE ORDER OF MICHAEL LUCKERT
111 TAYLOR ST., #318
SAN FRANCISCO, CA 94102

Non-Negotiable

000021

2018 W-2 and EARNINGS SUMMARY

Employee Reference Copy			
W-2		2018	
Wage and Tax Statement			
b Control number		Employer use only	
0000001121 TDQ	Dept 101109	Corp WMR5	Employer use only A S 203
c Employer's name, address, and ZIP code			
TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR, CA 91342			
e/f Employee's name, address, and ZIP code			
MICHAEL L LUCKERT 475 BUENA VISTA AVENUE APT 111 ALAMEDA, CA 94501-1927			
b Employer's FED ID number		a Employee's SSA number	
04-1717070		553-35723	
1 Wages, tips, other comp.		2 Federal income tax withheld	
101.56			
3 Social security wages		4 Social security tax withheld	
101.56		6.30	
5 Medicare wages and tips		6 Medicare tax withheld	
101.56		1.47	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other 102 CA SDI		12b	
		12c	
		12d	
		13 Sick emp Ret plan 3rd party sick pay	
15 State Employer's state ID no.		16 State wages, tips, etc.	
CA 478-7536 4		101.56	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

The wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Your gross pay may not match your box 1 totals due to adjustments made for GTL, 401(k), cafeteria plans, etc...

To change your employee W-4 profile information, file a new W-4 with your payroll department.

MICHAEL L LUCKERT
475 BUENA VISTA AVENUE
APT 111
ALAMEDA, CA 94501-1927

Social Security Number: 553-35-5723
 Taxable Marital Status: SINGLE
 Exemptions/Allowances: Federal: 0, State: 0, Local: 0

© 2018 ADF LLC

PAGE 01 OF 01

1 Wages, tips, other comp.		2 Federal income tax withheld	
101.56			
3 Social security wages		4 Social security tax withheld	
101.56		6.30	
5 Medicare wages and tips		6 Medicare tax withheld	
101.56		1.47	
d Control number		Dept	Employer use only
0000001121 TDQ	101109	WMR5	203
c Employer's name, address, and ZIP code			
TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR, CA 91342			
b Employer's FED ID number		a Employee's SSA number	
04-1717070		553-35-5723	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
14 Other 102 CA SDI		12b	
		12c	
		12d	
		13 Sick emp Ret plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
MICHAEL L LUCKERT 475 BUENA VISTA AVENUE APT 111 ALAMEDA, CA 94501-1927			
15 State Employer's state ID no.		16 State wages, tips, etc.	
CA 478-7536 4		101.56	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

1 Wages, tips, other comp.		2 Federal income tax withheld	
101.56			
3 Social security wages		4 Social security tax withheld	
101.56		6.30	
5 Medicare wages and tips		6 Medicare tax withheld	
101.56		1.47	
d Control number		Dept	Employer use only
0000001121 TDQ	101109	WMR5	203
c Employer's name, address, and ZIP code			
TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR, CA 91342			
b Employer's FED ID number		a Employee's SSA number	
04-1717070		553-35-5723	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other 102 CA SDI		12b	
		12c	
		12d	
		13 Sick emp Ret plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
MICHAEL L LUCKERT 475 BUENA VISTA AVENUE APT 111 ALAMEDA, CA 94501-1927			
15 State Employer's state ID no.		16 State wages, tips, etc.	
CA 478-7536 4		101.56	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

1 Wages, tips, other comp.		2 Federal income tax withheld	
101.56			
3 Social security wages		4 Social security tax withheld	
101.56		6.30	
5 Medicare wages and tips		6 Medicare tax withheld	
101.56		1.47	
d Control number		Dept	Employer use only
0000001121 TDQ	101109	WMR5	203
c Employer's name, address, and ZIP code			
TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR, CA 91342			
b Employer's FED ID number		a Employee's SSA number	
04-1717070		553-35-5723	
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a	
14 Other 102 CA SDI		12b	
		12c	
		12d	
		13 Sick emp Ret plan 3rd party sick pay	
e/f Employee's name, address and ZIP code			
MICHAEL L LUCKERT 475 BUENA VISTA AVENUE APT 111 ALAMEDA, CA 94501-1927			
15 State Employer's state ID no.		16 State wages, tips, etc.	
CA 478-7536 4		101.56	
17 State income tax		18 Local wages, tips, etc.	
19 Local income tax		20 Locality name	

Federal Filing Copy
W-2 Wage and Tax Statement **2018**
 Copy 2 to be filed with employee's Federal Income Tax Return.

CA. State Filing Copy
W-2 Wage and Tax Statement **2018**
 Copy 2 to be filed with employee's State Income Tax Return.

City or Local Filing Copy
W-2 Wage and Tax Statement **2018**
 Copy 2 to be filed with employee's City or Local Income Tax Return.

BJORK CONSTRUCTION COMPANY, INC.

4420 ENTERPRISE PLACE, FREMONT, CA 94538

Rect#: 1810		Emp#: 1724 Michael Luckert				Quarter: 2 State: CA	
Check: 54085		Date: 06/01/2018				Period: 05/21/2018 to 05/27/2018	
	Regular	Overtime	Premium	Sick	Vacation	Holiday	Piece 0.00
Rate:	46.4000	69.6000	92.8000				Diem 0.00
Hours:	31.00	0.00	0.00	0.00	0.00	0.00	Misc 0.00
Pay:	1,438.40	0.00	0.00	0.00	0.00	0.00	Salary 0.00
				Sick Hrs Bal.	Vac. Hrs Bal.		
				0.00	0.00		
Totals:	Hours 31.00	Gross Pay 1,438.40	Add-Ons 135.78	Deductions 561.41	Net Pay 1,012.77	Ytd Wages 3,804.80	

Paygroup	Hours	Type	Payrate	Wage	Deduction	Check	Ytd
Carp_JM_Area 1	31.00	Reg	46.40	1,438.40	Social Security	97.60	110.19
					Medicare	22.83	25.78
					Federal Income Tax	199.91	199.91
					State Income Tax	89.55	89.55
					State Disability Ins	15.74	17.77
					VAC/Hol/Sick	75.95	85.75
					WF	59.83	67.55

BJORK CONSTRUCTION COMPANY, INC
4420 ENTERPRISE PLACE
FREMONT, CA 94538
510-656-4688

06/01/2018 \$ *****

Non-negotiable

Michael Luckert
391 Ellis Stret
San Francisco CA 94102

NON-NEGOTIABLE

000018

Carpenters Local Union #22

2085 3rd Street

San Francisco, CA 94107

Phone: (415) 355-1322

Fax: (415) 355-0816

Work Referral

Dispatch Date: 5/18/2018

Start Date: 5/18/2018

Employee: Michael Luckert - U59563998

Local: Carpenters #22

Dispatch Type: Request

Job Class: Journeyman - Carpenter

Apprenticeship Completion: No completion date

Employer: Bjork Construction Co. Inc. - 058743

Report To:

Non ADR Employer

Location:

Project: The Exchange on 16th - 2015002154

Address: 1800 Owens Street

City: San Francisco, CA 94107

Dispatching Union Representative: Rick Aldridge

Wages:	46.40	Health & Welfare:	11.45	Industry Promotion:	0.24
Vacation:	2.45	Pension:	9.65	Work Preservation:	0.05
Work Fee:	1.93	Annuity:	2.25	Travel:	0.00
		Apprenticeship:	0.88	Subsistence:	0.00

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employee employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of industrial injury, I hereby designate _____
as my physician.

3FBACF1900

000028

a Employee's SSN 5723	1 Wages, tips, other compensation 4163.96	2 Federal income tax withheld 456.38
OMB No. 1545-0008	3 Social security wages 4163.96	4 Social security tax withheld 258.16
b Employer identification number 68-0157795	5 Medicare wages and tips 4163.96	6 Medicare tax withheld 60.39
c Employer's name, address, and ZIP code Bjork Construction Company, Inc. 4420 Enterprise Place Fremont CA 94538		
e Employee's first name and initial Michael Luckert 111 Taylor Street, Apt 318 San Francisco CA 94102		
f Employee's address and ZIP code		
d Control number 1724	7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other CA SDI 41.63	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number CA 360-4624-1	16 State wages, tips, etc. 4163.96	17 State income tax 197.11
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2018 Department of the Treasury Internal Revenue Service
 Copy B - To Be Filed With Employee's FEDERAL Tax Return.

a Employee's SSN 5723	1 Wages, tips, other compensation 4163.96	2 Federal income tax withheld 456.38
OMB No. 1545-0008	3 Social security wages 4163.96	4 Social security tax withheld 258.16
b Employer identification number 68-0157795	5 Medicare wages and tips 4163.96	6 Medicare tax withheld 60.39
c Employer's name, address, and ZIP code Bjork Construction Company, Inc. 4420 Enterprise Place Fremont CA 94538		
e Employee's first name and initial Michael Luckert 111 Taylor Street, Apt 318 San Francisco CA 94102		
f Employee's address and ZIP code		
d Control number 1724	7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other CA SDI 41.63	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number CA 360-4624-1	16 State wages, tips, etc. 4163.96	17 State income tax 197.11
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2018 Department of the Treasury Internal Revenue Service
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

a Employee's SSN 5723	1 Wages, tips, other compensation 4163.96	2 Federal income tax withheld 456.38
OMB No. 1545-0008	3 Social security wages 4163.96	4 Social security tax withheld 258.16
b Employer identification number 68-0157795	5 Medicare wages and tips 4163.96	6 Medicare tax withheld 60.39
c Employer's name, address, and ZIP code Bjork Construction Company, Inc. 4420 Enterprise Place Fremont CA 94538		
e Employee's first name and initial Michael Luckert 111 Taylor Street, Apt 318 San Francisco CA 94102		
f Employee's address and ZIP code		
d Control number 1724	7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other CA SDI 41.63	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number CA 360-4624-1	16 State wages, tips, etc. 4163.96	17 State income tax 197.11
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2018 Copy C - For EMPLOYEE'S RECORDS.

a Employee's SSN 5723	1 Wages, tips, other compensation 4163.96	2 Federal income tax withheld 456.38
OMB No. 1545-0008	3 Social security wages 4163.96	4 Social security tax withheld 258.16
b Employer identification number 68-0157795	5 Medicare wages and tips 4163.96	6 Medicare tax withheld 60.39
c Employer's name, address, and ZIP code Bjork Construction Company, Inc. 4420 Enterprise Place Fremont CA 94538		
e Employee's first name and initial Michael Luckert 111 Taylor Street, Apt 318 San Francisco CA 94102		
f Employee's address and ZIP code		
d Control number 1724	7 Social security tips	8 Allocated tips
9 Verification code	10 Dependent care benefits	11 Nonqualified plans
12a	14 Other CA SDI 41.63	
12b		
12c		
12d		
13 Statutory employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-party sick pay <input type="checkbox"/>
15 State Employer's state ID number CA 360-4624-1	16 State wages, tips, etc. 4163.96	17 State income tax 197.11
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement 2018 Department of the Treasury Internal Revenue Service
 Copy 2 - To Be Filed With Employee's State, City, or Local Income Tax Return.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

000021

Bond Construction Co., Inc.
 Design: H:\Timberline\accounting\REPORT\PRCHKACT.rpt

Check Activity Report

04-05-23 Page 1
 System Date: 04-05-23
 System Time: 3:27 pm
 Files Used: MASTER.PRM
 HISTORY.PRT, CURRENT.PRT, NEW.PRT

Period	Check	<----- Regular ----->		<----- Overtime ----->		Other	Gross	Taxes	Other	Net Pay
Start	End	Reg	Over	Wk	Hrs	Pay	Pay		Deductions	
12133	05127	1,856.00	40.00	626.40	9.00	214.62	2,697.02	579.23	214.62	1,503.17
	05128	1,856.00	40.00	696.00	10.00	219.00	2,771.00	1,013.83	219.00	1,536.17
	05129	1,856.00	40.00	626.40	9.00	214.62	2,697.02	979.21	214.62	1,503.19
	05130	510.40	11.00	139.20	2.00	56.94	706.54	127.47	56.94	522.13
Employee Totals		6,078.40*	131.00*	2,068.00*	30.00*	705.18*	8,071.50*	3,099.74*	705.18*	5,066.66*
Report Totals		6,078.40*	131.00*	2,068.00*	30.00*	705.18*	8,071.50*	3,099.74*	705.18*	5,066.66*

V = Voided Check

Carpenters Local Union #22

2085 3rd Street
San Francisco, CA 94107
Phone: (415) 355-1322
Fax: (415) 355-0816

Work Referral

Dispatch Date: 11/30/2017

Start Date: 12/1/2017

Employee: Michael Luckert - U59563998

Local: Carpenters #22 Dispatch Type: Order
Job Class: Journeyman - Carpenter Apprenticeship Completion: No completion date

Employer: Bomel Construction Co - 037969
Report To: Hollis Emry Non ADR Employer
Location: 520 South Airport Blvd. South San Francisco 94080

Project: SFO Long Term Parking Garage (Phase 2) - 2016001009
Address: Long Term Surface Lot Drug Testing
City: San Francisco Intl Airport, CA 94128

Dispatching Union Representative: Todd Williams

Wages:	46.40	Health & Welfare:	11.45	Industry Promotion:	0.24
Vacation:	2.45	Pension:	9.65	Work Preservation:	0.05
Work Fee:	1.93	Annuity:	2.25	Travel:	0.00
		Apprenticeship:	0.88	Subsistence:	0.00

Job Information: Member are to report at 6:30 am; Friday 12/1/17 (per Hollis). Company is working 5-10's and 8 on Saturday. Utilizing E-Verify. Please email dispatch's to hemry@bomelconstruction.com

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employee employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of industrial injury, I hereby designate _____
as my physician.

3FBECBF200

000002

Carpenters Local Union #22

2085 3rd Street
San Francisco, CA 94107
Phone: (415) 355-1322
Fax: (415) 355-0816

Work Referral

Dispatch Date: 11/15/2017

Start Date: 11/15/2017

Employee: Michael Luckert - U59563998

Local: Carpenters #22

Dispatch Type: Order

Job Class: Journeyman - Carpenter

Apprenticeship Completion: No completion date

Employer: Door Panel Building Corp - 058890

Report To: Traci Storr 314-239-3242

Non ADR Employer

Location: 530 Bush St SF CA Suite302

Project: Central Subway Stations (4) 530 Bush - office - 2014000487

Address: 4th & Folsom, Washington & O'Farrell, Brannan &

City: San Francisco, CA 94103

Drug Testing

Dispatching Union Representative: Sean McGarry

Wages:	46.40	Health & Welfare:	11.45	Industry Promotion:	0.24
Vacation:	2.45	Pension:	9.65	Work Preservation:	0.05
Work Fee:	1.93	Annuity:	2.25	Travel:	0.00
		Apprenticeship:	0.88	Subsistence:	0.00

Job Information: 2 pcs ID DRUG TEST E-VERIFY Clean Shaven No hair on face or chin. NO APPOINTMENT FOR THE NEXT 10 DAYS. 6 Journeyman and as needed apprentices carpenters with Concrete form certs or equivalent concrete form experience. Report Wednesday by 10:00AM.

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employee employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of industrial injury, I hereby designate _____
as my physician.

3FBBEBBA00

000004

Address Number	Alpha Name	Check Date	Payment/ Item	Pay Per Date	Home Business Unit	Gross Pay	Net Pay	Total Benefits	Taxes Withheld	Hours
474461	Luckert, Michael L.	06/19/2018	1182618	06/23/2018	1011099	92.8	84.01	57.8	8.79	2
474461	Luckert, Michael L.	07/17/2017	1056485	07/18/2017	1011099	881.6	697.29	520.2	184.31	18
474461	Luckert, Michael L.	09/15/2017	1011600	09/16/2017	1011099	2,320.00	1,350.44	1,329.40	969.56	16

INJURED - NO LNU

Carpenters Local Union #22

2085 3rd Street
San Francisco, CA 94107
Phone: (415) 355-1322
Fax: (415) 355-0818

Work Referral

Dispatch Date: 10/31/2017

Start Date: 11/1/2017

Employee: Michael Luckert - U59563998

Local: Carpenters #22

Dispatch Type: Order

Job Class: Journeyman - Carpenter

Apprenticeship Completion: No completion date

Employer: I S E C Inc - 093795

Report To: Lisa Rodriguez 925-368-2858

Non ADR Employer

Location: 7077 Koll Center Parkway, Suite 200, Pleasanton

Project: 41 Tehama Development - 2015002363

Address: 41 Tehama Street

City: San Francisco, CA 94105

Drug Testing

Dispatching Union Representative: Lucio Sanchez

Wages:	46.40	Health & Welfare:	11.45	Industry Promotion:	0.24
Vacation:	2.45	Pension:	9.65	Work Preservation:	0.05
Work Fee:	1.93	Annuity:	2.25	Travel:	0.00
		Apprenticeship:	0.88	Subsistence:	0.00

Job Information: 2pcs of ID/ on their first day at 7:30am PST to complete the required new hire paperwork and drug screen. Please ask for Lisa Rodriguez upon arrival to the ISEC Pleasanton office. A Social Security Card is also required for tax and payroll purposes. If you want to sign up for direct deposit, please bring one blank voided check or an account information letter from your banking institution.

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employees employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of Industrial injury, I hereby designate _____
as my physician.

3F9EFA5800

000021

ISEC, Inc.
33 Inverness Dr. East
Englewood, CO 80112
(303) 780-1444

JPMorgan Chase Bank, N.A.
Englewood, CO 80110
23-101/1020

No. 163186

Check Number	Date	Amount
163186	11/06/17	\$*****1,257.69

ONE THOUSAND TWO HUNDRED FIFTY SEVEN AND 69/100*****

Pay to the order of **Michael L. Luckert**
475 Buena Vista Ave.
Alameda CA 94501

Wann Morgan

⑈ 163186 ⑆ ⑆ 102001017 ⑆

⑆ 70609521 ⑈

45980
Luckert, Michael L.

Route: 401
Check No: 163186
Check Date: 11/06/17
Period End: 11/05/17

	Hours	Rate	Gross	Detail Description	Current	YTD
Regular	10.00	46.4000	464.00	----- Gross -----	2,027.72	13,605.56
Regular	15.50	46.4000	719.20	Federal Income Tax	329.51	2,378.75
Regular				Federal FICA Withheld	119.27	837.10
Overtime	4.50	69.6000	313.20	Federal Medicare Withheld	27.89	195.77
Overtime	4.00	69.6000	278.40	CALIFORNIA WH	127.13	904.53
Park/Other			104.00	CALIFORNIA SDI EE	17.31	121.49
Vacation			83.30	Union Dues	65.62	505.66
Dues			65.62	Vacation Ded	83.30	641.90
Taxable						

Total Gross	Taxable Gross	Total Hours	Total Deductions	Net Pay
2027.72	1923.72	34.00	770.03	1257.69

000002



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	299.66
Ref Number	Pay Frequency	Pay Period	Pay Date
201710013	Weekly	9/25/2017 - 10/1/2017	10/5/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	46.40	8.00	371.20	12,704.00
OT			0.00	33.30
Vacation A	2.45		19.60	687.23
Vacation B (WF)	1.93		15.44	532.70
TOTAL EARNINGS			406.24	13,957.23

Direct Deposits

Description	Amount
Direct Deposit 1	299.66

Deductions

Description	Current Amount	YTD Amount
Federal Tax	33.65	2,535.45
Soc Security	25.19	865.35
Medicare	5.89	202.38
CA Tax	3.15	869.63
CA-SDI	3.66	125.62
Vacation A	19.60	687.23
Vacation B	15.44	532.70
TOTAL DEDUCTIONS	106.58	5,818.36

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	91.60	3,175.60
Pension - Carp	77.20	2,685.15
Annuity - Carp	18.00	631.13
Training - Carp	7.04	239.62
Work Preservation - Carp	0.40	14.03
Industry Adv - Carp	1.92	67.32

Totals

	Earnings	Deductions	Net Pay
Current:	406.24	106.58	299.66
YTD:	13,957.23	5,818.36	8,138.87

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	878.34
Ref Number	Pay Frequency	Pay Period	Pay Date
201710082	Weekly	10/2/2017 - 10/8/2017	10/12/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	46.40	29.00	1,345.60	14,049.60
OT			0.00	33.30
Vacation A	2.45		71.05	758.28
Vacation B (WF)	1.93		55.97	588.67
TOTAL EARNINGS			1,472.62	15,429.85

Direct Deposits

Description	Amount
Direct Deposit 1	878.34

Deductions

Description	Current Amount	YTD Amount
Federal Tax	255.68	2,791.13
Soc Security	91.30	956.65
Medicare	21.35	223.73
CA Tax	85.68	955.31
CA-SDI	13.25	138.87
Vacation A	71.05	758.28
Vacation B	55.97	588.67
TOTAL DEDUCTIONS	594.28	6,412.64

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	332.05	3,507.65
Pension - Carp	279.85	2,965.00
Annuity - Carp	65.25	696.38
Training - Carp	25.52	265.14
Work Preservation - Carp	1.45	15.48
Industry Adv - Carp	6.96	74.28

Totals

	Earnings	Deductions	Net Pay
Current:	1,472.62	594.28	878.34
YTD:	15,429.85	6,412.64	9,017.21

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	233.02
Ref Number	Pay Frequency	Pay Period	Pay Date
201710222	Weekly	10/16/2017 - 10/22/2017	10/26/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	46.40	6.00	278.40	14,328.00
OT			0.00	33.30
Vacation A	2.45		14.70	772.98
Vacation B (WF)	1.93		11.58	600.25
TOTAL EARNINGS			304.68	15,734.53

Direct Deposits

Description	Amount
Direct Deposit 1	233.02

Deductions

Description	Current Amount	YTD Amount
Federal Tax	18.42	2,809.55
Soc Security	18.89	975.54
Medicare	4.42	228.15
CA Tax	0.91	956.22
CA-SDI	2.74	141.61
Vacation A	14.70	772.98
Vacation B	11.58	600.25
TOTAL DEDUCTIONS	71.66	6,484.30

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	68.70	3,576.35
Pension - Carp	57.90	3,022.90
Annuity - Carp	13.50	709.88
Training - Carp	5.28	270.42
Work Preservation - Carp	0.30	15.78
Industry Adv - Carp	1.44	75.72

Totals

	Earnings	Deductions	Net Pay
Current:	304.68	71.66	233.02
YTD:	15,734.53	6,484.30	9,250.23

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	299.66
Ref Number	Pay Frequency	Pay Period	Pay Date
201711053	Weekly	10/30/2017 - 11/5/2017	11/9/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	46.40	8.00	371.20	14,699.20
OT			0.00	33.30
Vacation A	2.45		19.60	792.58
Vacation B (WF)	1.93		15.44	615.69
TOTAL EARNINGS			406.24	16,140.77

Direct Deposits

Description	Amount
Direct Deposit 1	299.66

Deductions

Description	Current Amount	YTD Amount
Federal Tax	33.65	2,843.20
Soc Security	25.19	1,000.73
Medicare	5.89	234.04
CA Tax	3.15	959.37
CA-SDI	3.66	145.27
Vacation A	19.60	792.58
Vacation B	15.44	615.69
TOTAL DEDUCTIONS	106.58	6,590.88

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	91.60	3,667.95
Pension - Carp	77.20	3,100.10
Annuity - Carp	18.00	727.88
Training - Carp	7.04	277.46
Work Preservation - Carp	0.40	16.18
Industry Adv - Carp	1.92	77.64

Totals

	Earnings	Deductions	Net Pay
Current:	406.24	106.58	299.66
YTD:	16,140.77	6,590.88	9,549.89

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.

Carpenters Local Union #22

2085 3rd Street
San Francisco, CA 94107
Phone: (415) 355-1322
Fax: (415) 355-0816

Work Referral

Dispatch Date: 9/11/2017

Start Date: 9/11/2017

Employee: Michael Luckert - U59563998

Local: Carpenters #22

Dispatch Type: Order

Job Class: Journeyman - Carpenter

Apprenticeship Completion: No completion date

Employer: Tutor Perini Building Corp. 058890

Report To: Traci Storr 10am sharp Monday

Non ADR Employer

Location: 530 Bush Street Suite 302 10am sharp

Project: Central Subway Chinatown Station - 2012000542

Address: 933 - 949 Stockton St.

Drug Testing

City: San Francisco, CA 94108

Dispatching Union Representative: Todd Williams

Wages:	46.40	Health & Welfare:	11.45	Industry Promotion:	0.24
Vacation:	2.45	Pension:	9.65	Work Preservation:	0.05
Work Fee:	1.93	Annuity:	2.25	Travel:	0.00
		Apprenticeship:	0.88	Subsistence:	0.00

Job Information: E Verify = Two pcs of Valid ID.. Drug Testing.. Concrete Cert Required but then Heavy Concrete & then Apprentice's with Concrete Cert.. Respirator Fit Test so all Carpenters must be clean Shaven..

Note: By accepting this referral, the individual employer recognizes the Union and each of its affiliated local unions and district councils as the majority collective bargaining representative of his or its employee employed in the 46 Northern California counties performing work covered by the Carpenters Master Agreement(s) for Northern California and/or the Piledrivers Master Agreement(s) and/or the Drywall/Lathing Master Agreement and recognizes the Union as the exclusive collective bargaining agent for such employees and further agrees that he or it is bound to said Master Agreement(s) including all the wages, hours, and all other terms and conditions of such Master Agreement(s) including the payment of all wage scales, and all Trust Fund contributions required by said agreement(s)

In case of industrial injury, I hereby designate _____
as my physician.

3FDEEF8700

000020

2017 W-2 and EARNINGS SUMMARY

15 Local income tax 204.08		16 Local wages, tips, etc. 3481.92	
17 State income tax 478.7536 4		18 State wages, tips, etc. 3481.92	
19 State Employer's state ID no		20 State wages, tips, etc. 3481.92	
21a CA SCH 12b		22a See instructions for box 22	
23a See instructions for box 23		24a See instructions for box 24	
25a See instructions for box 25		26a See instructions for box 26	
27a See instructions for box 27		28a See instructions for box 28	
29a See instructions for box 29		30a See instructions for box 30	
31a See instructions for box 31		32a See instructions for box 32	
33a See instructions for box 33		34a See instructions for box 34	
35a See instructions for box 35		36a See instructions for box 36	
37a See instructions for box 37		38a See instructions for box 38	
39a See instructions for box 39		40a See instructions for box 40	
41a See instructions for box 41		42a See instructions for box 42	
43a See instructions for box 43		44a See instructions for box 44	
45a See instructions for box 45		46a See instructions for box 46	
47a See instructions for box 47		48a See instructions for box 48	
49a See instructions for box 49		50a See instructions for box 50	
51a See instructions for box 51		52a See instructions for box 52	
53a See instructions for box 53		54a See instructions for box 54	
55a See instructions for box 55		56a See instructions for box 56	
57a See instructions for box 57		58a See instructions for box 58	
59a See instructions for box 59		60a See instructions for box 60	
61a See instructions for box 61		62a See instructions for box 62	
63a See instructions for box 63		64a See instructions for box 64	
65a See instructions for box 65		66a See instructions for box 66	
67a See instructions for box 67		68a See instructions for box 68	
69a See instructions for box 69		70a See instructions for box 70	
71a See instructions for box 71		72a See instructions for box 72	
73a See instructions for box 73		74a See instructions for box 74	
75a See instructions for box 75		76a See instructions for box 76	
77a See instructions for box 77		78a See instructions for box 78	
79a See instructions for box 79		80a See instructions for box 80	
81a See instructions for box 81		82a See instructions for box 82	
83a See instructions for box 83		84a See instructions for box 84	
85a See instructions for box 85		86a See instructions for box 86	
87a See instructions for box 87		88a See instructions for box 88	
89a See instructions for box 89		90a See instructions for box 90	
91a See instructions for box 91		92a See instructions for box 92	
93a See instructions for box 93		94a See instructions for box 94	
95a See instructions for box 95		96a See instructions for box 96	
97a See instructions for box 97		98a See instructions for box 98	
99a See instructions for box 99		100a See instructions for box 100	
101a See instructions for box 101		102a See instructions for box 102	
103a See instructions for box 103		104a See instructions for box 104	
105a See instructions for box 105		106a See instructions for box 106	
107a See instructions for box 107		108a See instructions for box 108	
109a See instructions for box 109		110a See instructions for box 110	
111a See instructions for box 111		112a See instructions for box 112	
113a See instructions for box 113		114a See instructions for box 114	
115a See instructions for box 115		116a See instructions for box 116	
117a See instructions for box 117		118a See instructions for box 118	
119a See instructions for box 119		120a See instructions for box 120	
121a See instructions for box 121		122a See instructions for box 122	
123a See instructions for box 123		124a See instructions for box 124	
125a See instructions for box 125		126a See instructions for box 126	
127a See instructions for box 127		128a See instructions for box 128	
129a See instructions for box 129		130a See instructions for box 130	
131a See instructions for box 131		132a See instructions for box 132	
133a See instructions for box 133		134a See instructions for box 134	
135a See instructions for box 135		136a See instructions for box 136	
137a See instructions for box 137		138a See instructions for box 138	
139a See instructions for box 139		140a See instructions for box 140	
141a See instructions for box 141		142a See instructions for box 142	
143a See instructions for box 143		144a See instructions for box 144	
145a See instructions for box 145		146a See instructions for box 146	
147a See instructions for box 147		148a See instructions for box 148	
149a See instructions for box 149		150a See instructions for box 150	
151a See instructions for box 151		152a See instructions for box 152	
153a See instructions for box 153		154a See instructions for box 154	
155a See instructions for box 155		156a See instructions for box 156	
157a See instructions			

1	Wages, tips, other comp.	3481.92	2	Federal income tax withheld	652.08
3	Social security wages	3481.92	4	Social security tax withheld	215.88
5	Medicare wages and tips	3481.92	6	Medicare tax withheld	50.49
d	Control number	000000893 100	Dept	Employer use only	223
c	Employee's name, address, and ZIP code	TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR, CA 91342			
b	Employee's FED ID number	04-4177070	a	Employee's SSA number	5723
7	Social security tips	B	Allocated tips	B	
9		10	Dependent care benefits		
11	Nonqualified plans	12a	See instructions for box 12		
14	Other	12b			
		12c			
		13	31st emp. Ret plan	1st party sick pay	
e1	Employee's name, address and ZIP code	MICHAEL L LUCKERT 475 BUENA VISTA AVENUE APT 111 ALAMEDA, CA 94501-1927			
15	State	Employer's state ID no	16	State wages, tips, etc	3481.92
17	State income tax	204.08	18	Local wages, tips, etc.	
19	Local income tax		20	Locality name	
Federal Filing Copy Wage and Tax Statement Copy B to be filed with employer's Federal Income Tax Return OLB NO. 1545 0003 W-2 2017					

the wages, tips, and other compensation reflected in box 1 are the sum of those wages shown on your last pay statement, plus any additional compensation or adjustments received after the payroll close.

Social Security Number: 553-35-5723
Taxable Marital Status: SINGLE
Exemptions/Allowances: Federal: 3
State: 3
Local: 0

PAGE 01 OF 01

MICHAEL L LUCKERT
475 BUENA VISTA AVENUE
APT 111
ALAMEDA, CA 94501-1927

15	State	Employers' state ID no	CA	478-7535	4	16	State wages, tips, etc	3481.92
17	State	Income tax	204.08					
19	Local	Income tax	204.08					
20	Locality	name						
CA, State Filing Copy Wage and Tax Statement 2017 Ord no 1245 0000								

1	Employee's name, address, and ZIP code	MICHAEL L LUCKERT 475 BUENA VISTA AVENUE APT 111 ALAMEDA, CA 94501-1927		
2	Employee's FED ID number	04-1717070		
3	Employee's SSA number	5723		
4	Allocated tips			
5	Dependent care benefits			
6	Nonqualified plans	12a		
7	Other	12b		
8	State emp. Ret. plan	12c		
9	and party with pay	12d		

1	Employee's name, address, and ZIP code	TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR, CA 91342		
2	Employee's FED ID number	0000000893 TPO		
3	Employee's SSA number	WMR5		
4	Allocated tips	Empoyer use only		
5	Dependent care benefits	223		
6	Nonqualified plans	50.49		
7	Other	6		
8	State emp. Ret. plan	50.49		
9	and party with pay	215.88		
10	State wages, tips, etc	652.08		
11	State income tax	3481.92		
12	Local income tax	3481.92		
13	Locality name			

19	Local income tax	204.08	20	Locality name	
17	State income tax	CA 478-7536 4	18	Local wages, tips, etc.	3481.92
15	State Employer's state ID no.	15	16	State wages, tips, etc.	3481.92
MICHAEL L LUCKERT 475 BUENA VISTA AVENUE APT 111 ALAMEDA, CA 94501-1927					
Employee's name, address and ZIP code 12a Nonqualified plans 12b Other 3135 CA 94501 12c 12d 13 Gross emp. net pay (net pay plus sick pay)					
9	Dependent care benefits		10	Dependent care benefits	
7	Social security tips		8	Allocated tips	
6	Employer's FED ID number	04-1717070	7	Employer's SSA number	5723
TUTOR PERINI CORPORATION 15901 OLDEN STREET SYLMAR, CA 91342					
Employee's name, address, and ZIP code 4 Social security wages 3481.92 5 Medicare wages and tips 3481.92 6 Medicare tax withheld 215.88 7 Federal income tax withheld 652.08 8 Control number 0000000893 TDD 9 Control number 3481.92 10 Control number 3481.92 11 Control number 3481.92 12 Control number 3481.92 13 Control number 3481.92 14 Control number 3481.92 15 Control number 3481.92 16 Control number 3481.92 17 Control number 3481.92 18 Control number 3481.92 19 Control number 3481.92 20 Control number 3481.92					

01

Local: 0
State: 3
Federal: 3
Exemptions/Allowances:
SINGLE
Taxable Marital Status:



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	757.50
Ref Number	Pay Frequency	Pay Period	Pay Date
201709246	Weekly	9/18/2017 - 9/24/2017	9/28/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	46.40	24.00	1,113.60	12,332.80
OT			0.00	33.30
Vacation A	2.45		58.80	667.63
Vacation B (WF)	1.93		46.32	517.26
TOTAL EARNINGS			1,218.72	13,550.99

Direct Deposits

Description	Amount
Direct Deposit 1	757.50

Deductions

Description	Current Amount	YTD Amount
Federal Tax	192.20	2,501.80
Soc Security	75.56	840.16
Medicare	17.67	196.49
CA Tax	59.70	866.48
CA-SDI	10.97	121.96
Vacation A	58.80	667.63
Vacation B	46.32	517.26
TOTAL DEDUCTIONS	461.22	5,711.78

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	274.80	3,084.00
Pension - Carp	231.60	2,607.95
Annuity - Carp	54.00	613.13
Training - Carp	21.12	232.58
Work Preservation - Carp	1.20	13.63
Industry Adv - Carp	5.76	65.40

Totals

	Earnings	Deductions	Net Pay
Current:	1,218.72	461.22	757.50
YTD:	13,550.99	5,711.78	7,839.21

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.

000017

EXHIBIT-2.A

VERIFICATION OF
EMPLOYMENT

ISEC, Inc.
3311 Owens Dr, East
Englewood, CO 80112
(303) 790-1444

JPMorgan Chase Bank, N.A.
Englewood, CO 80110
23-101/1020

No. 162416

Check Number: 162416 Date: 07/28/17 Amount: \$*****489.53

FOUR HUNDRED EIGHTY NINE AND 53/100*****

Pay to the order of **Michael L. Luckert**
111 Taylor St.
San Francisco CA 94102

Wm Morgan

⑈ 162416 ⑈ ⑆ 102001017 ⑆ ⑈ 170609521 ⑈

45980
Luckert, Michael L.

Route: 401
Check No: 162416
Check Date: 07/28/17
Period End: 07/28/17

	Hours	Rate	Gross	Detail Description	Current	YTD
Regular	2.50	46.4000	116.00	----- Gross -----	660.14	660.14
Regular	7.00	46.4000	324.80	Federal Income Tax	48.37	48.37
Regular	3.50	46.4000	162.40	Federal FICA Withheld	40.93	40.93
Vacation			31.85	Federal Medicare Withheld	9.57	9.57
Dues			25.09	CALIFORNIA WH	8.86	8.86
Taxable				CALIFORNIA SDI EE	5.94	5.94
				Union Dues	25.09	25.09
				Vacation Ded	31.85	31.85

Total Gross	Taxable Gross	Total Hours	Total Deductions	Net Pay
660.14	660.14	13.00	170.61	489.53

000016

ISEC, Inc.
33 Inverness Dr. East
Englewood, CO 80112
(303)790-1444

JPMorgan Chase Bank, N.A.
Englewood, CO 80110
23-101/1020

No. 162475

Check Number	Date	Amount
162475	08/04/17	\$*****1,163.66

ONE THOUSAND ONE HUNDRED SIXTY THREE AND 66/100*****

Pay to
the
order
of
Michael L. Luckert
111 Taylor St.
San Francisco CA 94102

Wann Morgan

⑈ 16 24 75 ⑈ ⑆ 10 200 10 1 7 ⑆ ⑈ 7060952 ⑈

45980
Luckert, Michael L.

Route: 401
Check No: 162475
Check Date: 08/04/17
Period End: 07/30/17

	Hours	Rate	Gross	Detail Description	Current	YTD
Regular	4.50	46.4000	208.80	----- Gross -----	1,980.42	2,640.56
Regular	29.50	46.4000	1,368.80	Federal Income Tax	343.69	392.06
Regular	5.00	46.4000	232.00	Federal FICA Withheld	122.78	163.71
Vacation			95.55	Federal Medicare Withheld	28.72	38.29
Dues			75.27	CALIFORNIA WH	132.93	141.79
Taxable				CALIFORNIA SDI EE	17.82	23.76
				Union Dues	75.27	100.36
				Vacation Ded	95.55	127.40

Total Gross	Taxable Gross	Total Hours	Total Deductions	Net Pay
1980.42	1980.42	39.00	816.76	1163.66

000008

ISEC Inc.
2311 Verity Dr. East
Englewood, CO 80112
(303) 790-1444

JPMorgan Chase Bank, N.A.
Englewood, CO 80110
23-101/1020

No. 162536

Check Number: 162536 Date: 08/11/17 Amount: \$*****1,163.66

ONE THOUSAND ONE HUNDRED SIXTY THREE AND 66/100*****

Pay to the order of
Michael L. Luckert
111 Taylor St.
San Francisco CA 94102

Wann Morgan

⑈ 162536 ⑈ ⑆ 102001017⑈ ⑆ 70609521 ⑈

45980
Luckert, Michael L.

Route: 401
Check No: 162536
Check Date: 08/11/17
Period End: 08/06/17

	Hours	Rate	Gross	Detail Description	Current	YTD
Regular	4.50	46.4000	208.80	----- Gross -----	1,980.42	4,620.98
Regular	28.50	46.4000	1,322.40	Federal Income Tax	343.69	735.75
Regular	6.00	46.4000	278.40	Federal FICA Withheld	122.79	286.50
Vacation			95.55	Federal Medicare Withheld	28.71	67.00
Dues			75.27	CALIFORNIA WH	132.93	274.72
Taxable				CALIFORNIA SDI EE	17.82	41.58
				Union Dues	75.27	175.63
				Vacation Ded	95.55	222.95

Total Gross	Taxable Gross	Total Hours	Total Deductions	Net Pay
1980.42	1980.42	39.00	816.76	1163.66

000009

ISEC Inc.
3301 River Street, Suite 200
Englewood, CO 80110
(800) 790-1444

JPMorgan Chase Bank, N.A.
Englewood, CO 80110
23-101/1020

No. 162592

Check Number 162592 Date 08/18/17 Amount \$*****1,163.65

ONE THOUSAND ONE HUNDRED SIXTY THREE AND 65/100*****

Pay to the order of Michael L. Luckert
111 Taylor St.
San Francisco CA 94102

Wann Morgan

⑈ 162592 ⑈ ⑆ 102001017⑈

⑈ 17060952 ⑈

45980
Luckert Michael L.

Route: 401
Check No: 162592
Check Date: 08/18/17
Period End: 08/19/17

	Hours	Rate	Gross	Detail Description	Current	YTD
Regular	5.50	46.4000	255.20	----- Gross -----	1,980.42	6,601.40
Regular	27.00	46.4000	1,252.80	Federal Income Tax	343.69	1,079.44
Regular	6.50	46.4000	301.60	Federal FICA Withheld	122.79	409.29
Vacation			95.55	Federal Medicare Withheld	28.72	95.72
Dues			75.27	CALIFORNIA WH	132.93	407.65
Taxable				CALIFORNIA SDI EE	17.82	59.40
				Union Dues	75.27	250.90
				Vacation Ded	95.55	318.50

Total Gross	Taxable Gross	Total Hours	Total Deductions	Net Pay
1980.42	1980.42	39.00	816.77	1163.65

000010

ISEC, Inc.
33 Inverness Dr. East
Englewood, CO 80112
(303)790-1444

JPMorgan Chase Bank, N.A.
Englewood, CO 80110
23-101/1020

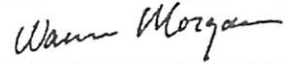
No. 162643

Check Number	Date	Amount
162643	08/25/17	\$*****1,163.66

ONE THOUSAND ONE HUNDRED SIXTY THREE AND 66/100

Pay to
the
order
of

Michael L. Luckert
111 Taylor St.
San Francisco CA 94102



⑈ 16 26 43 ⑈ ⑆ 10 200 10 1 7 ⑈

1 70609521 ⑈

45980
Luckert, Michael L.

Route: 401
Check No: 162643
Check Date: 08/25/17
Period End: 08/20/17

	Hours	Rate	Gross	Detail Description	Current	YTD
Regular	5.50	46.4000	255.20	----- Gross -----	1,980.42	8,581.82
Regular	28.50	46.4000	1,322.40	Federal Income Tax	343.69	1,423.13
Regular	5.00	46.4000	232.00	Federal FICA Withheld	122.78	532.07
Vacation			95.55	Federal Medicare Withheld	28.72	124.44
Dues			75.27	CALIFORNIA WH	132.93	540.58
Taxable				CALIFORNIA SDI EE	17.82	77.22
				Union Dues	75.27	326.17
				Vacation Ded	95.55	414.05

Total Gross	Taxable Gross	Total Hours	Total Deductions	Net Pay
1980.42	1980.42	39.00	816.76	1163.66

000011

ISEC, Inc.
33 Inverness Dr. East
Englewood, CO 80112
(303)790-1444

JPMorgan Chase Bank, N.A.
Englewood, CO 80110
23-101/1020

No. 162682

Check Number 162682 Date 08/30/17 Amount \$*****1,618.51

ONE THOUSAND SIX HUNDRED EIGHTEEN AND 51/100*****

Pay to the order of Michael L. Luckert
111 Taylor St.
San Francisco CA 94102

Wann Morgan

⑈ 16 268 2⑈ ⑆ 10 200 10 1 7⑆

1 7060952 1⑈

45980
Luckert, Michael L.

Route: 401
Check No: 162682
Check Date: 08/30/17
Period End: 08/27/17

	Hours	Rate	Gross	Detail Description	Current	YTD
Regular	8.00	46.4000	371.20	----- Gross -----	2,996.02	11,577.84
Regular	40.00	46.4000	1,856.00	Federal Income Tax	626.11	2,049.24
Regular	11.00	46.4000	510.40	Federal FICA Withheld	185.76	717.83
Vacation			144.55	Federal Medicare Withheld	43.44	167.88
Dues			113.87	CALIFORNIA WH	236.82	777.40
Taxable				CALIFORNIA SDI EE	26.96	104.18
				Union Dues	113.87	440.04
				Vacation Ded	144.55	558.60

Total Gross	Taxable Gross	Total Hours	Total Deductions	Net Pay
2996.02	2996.02	59.00	1377.51	1618.51

000005



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	748.92
Ref Number	Pay Frequency	Pay Period	Pay Date
060417	Weekly	5/29/2017 - 6/4/2017	6/8/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	44.40	24.00	1,065.60	1,065.60
OT	66.60	0.50	33.30	33.30
Vacation A	2.45		60.03	60.03
Vacation B (WF)	1.87		45.82	45.82
TOTAL EARNINGS			1,204.75	1,204.75

Direct Deposits

Description	Amount
Direct Deposit 1	748.92

Deductions

Description	Current Amount	YTD Amount
Federal Tax	188.71	188.71
Soc Security	74.69	74.69
Medicare	17.47	17.47
CA Tax	58.27	58.27
CA-SDI	10.84	10.84
Vacation A	60.03	60.03
Vacation B	45.82	45.82
TOTAL DEDUCTIONS	455.83	455.83

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	274.40	274.40
Pension - Carp	232.75	232.75
Annuity - Carp	55.13	55.13
Training - Carp	20.34	20.34
Work Preservation - Carp	1.23	1.23
Industry Adv - Carp	5.88	5.88

Totals

	Earnings	Deductions	Net Pay
Current:	1,204.75	455.83	748.92
YTD:	1,204.75	455.83	748.92

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.

000010



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	1098.47
Ref Number	Pay Frequency	Pay Period	Pay Date
06112017	Weekly	6/5/2017 - 6/11/2017	6/15/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	44.40	40.00	1,776.00	2,841.60
OT			0.00	33.30
Vacation A	2.45		98.00	158.03
Vacation B (WF)	1.87		74.80	120.62
TOTAL EARNINGS			1,948.80	3,153.55

Direct Deposits

Description	Amount
Direct Deposit 1	1,098.47

Deductions

Description	Current Amount	YTD Amount
Federal Tax	376.51	565.22
Soc Security	120.83	195.52
Medicare	28.26	45.73
CA Tax	134.39	192.66
CA-SDI	17.54	28.38
Vacation A	98.00	158.03
Vacation B	74.80	120.62
TOTAL DEDUCTIONS	850.33	1,306.16

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	448.00	722.40
Pension - Carp	380.00	612.75
Annuity - Carp	90.00	145.13
Training - Carp	33.20	53.54
Work Preservation - Carp	2.00	3.23
Industry Adv - Carp	9.60	15.48

Totals

	Earnings	Deductions	Net Pay
Current:	1,948.80	850.33	1,098.47
YTD:	3,153.55	1,306.16	1,847.39

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.

000011



Dome Construction Corporation • 393 E. Grand Avenue • South San Francisco, CA 94080

Statement of Earnings and Deductions

Employee Number	Employee Name	Filing Status	Net Pay
1457	MICHAEL L LUCKERT	S1	1098.48
Ref Number	Pay Frequency	Pay Period	Pay Date
0618201701	Weekly	6/12/2017 - 6/18/2017	6/22/2017

Earnings

Description	Rate	Hrs / Units	Current Amount	YTD Amount
RT	44.40	40.00	1,776.00	4,617.60
OT			0.00	33.30
Vacation A	2.45		98.00	256.03
Vacation B (WF)	1.87		74.80	195.42
TOTAL EARNINGS			1,948.80	5,102.35

Direct Deposits

Description	Amount
Direct Deposit 1	1,098.48

Deductions

Description	Current Amount	YTD Amount
Federal Tax	376.51	941.73
Soc Security	120.83	316.35
Medicare	28.25	73.98
CA Tax	134.39	327.05
CA-SDI	17.54	45.92
Vacation A	98.00	256.03
Vacation B	74.80	195.42
TOTAL DEDUCTIONS	850.32	2,156.48

Company Paid Benefits

Description	Current Amount	YTD Amount
Health & Welfare - Carp	448.00	1,170.40
Pension - Carp	380.00	992.75
Annuity - Carp	90.00	235.13
Training - Carp	33.20	86.74
Work Preservation - Carp	2.00	5.23
Industry Adv - Carp	9.60	25.08

Totals

	Earnings	Deductions	Net Pay
Current:	1,948.80	850.32	1,098.48
YTD:	5,102.35	2,156.48	2,945.87

View your pay stub on-line anytime at www.Doculivery.com/DomeConst
You will need to provide your login ID and your password.

000012